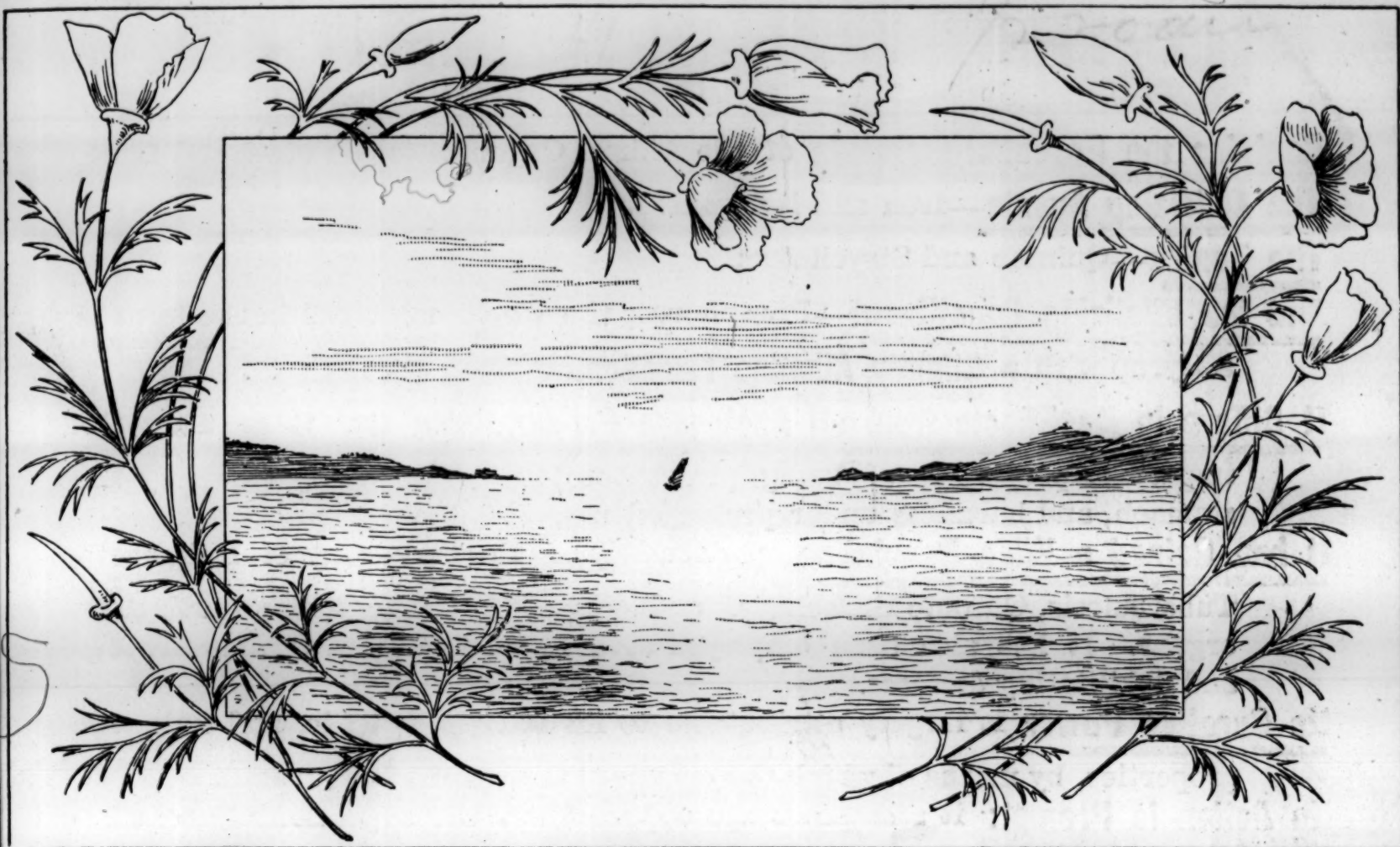


PHILLIPS' EMULSION is exhibited the highest degree of excellence in emulsifying Cod Liver Oil. 50 per cent. finest Norway Oil—in minute sub-division—combined with the Wheat Phosphates (Phillips'). Miscible in Water, Milk, Wine, ect
PALATABLE—PERMANENT.
 Prescribe PHILLIPS'. *An Ethical Preparation, Ethically maintained.*



California Medical Journal.

VOL. XVII.

San Francisco, California, January, 1896

NO. 1



GLYCOZONE

Both Medal and Diploma

Awarded to Charles Marchand's Glycozone by World's Fair of Chicago, 1893, for its Powerful Healing Properties.

This harmless remedy prevents fermentation of food in the stomach and it cures: DYSPEPSIA, GASTRITIS, ULCER OF THE STOMACH, HEART-BURN, AND ALL INFECTIOUS DISEASES OF THE ALIMENTARY TRACT.

HYDROZONE

IS THE STRONGEST ANTISEPTIC KNOWN.

One ounce of this new Remedy is, for its Bactericide Power, equivalent to two ounces of Charles Marchand's Peroxide of Hydrogen (medicinal), which obtained the Highest Award at the World's Fair of Chicago, 1893, for Stability, Strength, Purity and Excellency.

CURES ALL DISEASES CAUSED BY GERMS.

Send for free 152-page book giving full information with endorsements of leading physicians.

Physicians remitting express charges will receive free samples.

GLYCOZONE is put up only in 4-oz., 8-oz. and 16-oz. bottles bearing a yellow label, white and black letters, red and blue border, with signature.

HYDROZONE is put up only in small, medium and large size bottles, bearing a red label, white letters, gold and blue border.

Mention this publication.

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris" (France).

SOLD BY LEADING DRUGGISTS.

Charles Marchand

PREPARED ONLY BY

Charles Marchand

28 Prince St., New York.

R 11
C 3
V. 17

Syr. Hypophos. Co., Fellows.

Contains the Essential Elements of the Animal Organization—Potash and Lime,

The Oxidizing Agents—Iron and Manganese;

The Tonics—Quinine and Strychnine;

And the Vitalizing Constituent—Phosphorus; the whole combined in the form of
a Syrup with a **Slightly Alkaline Reaction**.

It Differs in its Effects from all Analogous Preparations; and it possesses the
important properties of being pleasant to the taste, easily borne by the
stomach, and harmless under prolonged use.

It has Gained a Wide Reputation, particularly in the treatment of Pulmonary
Tuberculosis, Chronic Bronchitis, and other affections of the respiratory
organs. It has also been employed with much success in various nervous
and debilitating diseases.

Its Curative Power is largely attributable to its stimulant, tonic, and nutritive
properties, by means of which the energy of the system is recruited.

Its Action is Prompt: it stimulates the appetite and the digestion, it promotes
assimilation, and it enters directly into the circulation of the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and
melancholy; *hence the preparation is of great value in the treatment of mental and
nervous affections.* From the fact, also, that it exerts a double tonic influence,
and induces a healthy flow of the secretions, its use is indicated in a wide
range of diseases,

NOTICE--CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons
to offer imitations of it for sale. Mr. Fellows, who has examined several of these,
finds that no two of them are identical, and that all of them differ from the
original in composition, in freedom from acid reaction, in susceptibility to the
effects of oxygen when exposed to light or heat, in the property of retaining the
strychnine in solution, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of
the genuine preparation, physicians are earnestly requested, when prescribing the
Syrup, to write B "Syr. Hypophos. Co., (**Fellows**).

As a further precaution, it is advisable that the Syrup should be ordered in
the original bottles; the distinguishing marks which the bottles (and the wrappers
surrounding them) bear, can then be examined, and the genuineness—or other-
wise—of the contents thereby proved.

Medical Letters may be addressed to:

Mr. FELLOWS, 48 Vesey Street. New York.



California Medical Journal.

PUBLISHED BY THE CALIFORNIA MEDICAL COLLEGE.

C. N. Miller, Managing Editor.

\$1.50 per Year: Single Copies 15 Cents.

Let all Communications be addressed, and money orders made payable to the
CALIFORNIA MEDICAL JOURNAL.
422 Folsom Street, San Francisco

Entered at the San Francisco Post Office as Second-Class Matter.

Contents.

Address by President.....	1	The Old and the New.....	35
Hypnotism.....	4	Cretinism.....	38
Cyst of the Broad Ligament.....	7	The National at Portland.....	40
Narcotism.....	13	External Pressure After Labor.....	43
Non-Infectious Membranous Laryngitis.....	15	Pulmonary Tuberculosis.....	45
Reflexes of the Rectum.....	21	Transactions of the State Society.....	50
Rhamnus Californica.....	23	Alumni and Personal.....	54
Strangulation of the Bowel.....	26	Editorial.....	62
Influence of Pregnancy on Diseases of the Heart.....	28	Publisher's Notes.....	65
Advance of Modern Medicine.....	29	Book Notes.....	67

IATROL

An INODOROUS and NON-TOXIC ANTISEPTIC POWDER obtained synthetically from certain coal tar derivatives.

MEDICAL PROPERTIES.—It is aseptic, antiseptic, astringent, antizymotic, a local anæsthetic, a powerful cicatrizant and parasiticide.

RANGE OF APPLICATION AND MANNER OF USE.—Iatrol is indicated in any solution of continuity of cutaneous or mucous surfaces. APPLIED DRY AS A DUSTING POWDER, it will cover three times the surface as the same weight of iodoform, owing to the fact that Iatrol is of much less specific gravity. It promotes rapid healing of incised and lacerated wounds, burns and ulcers. By insufflation, by means of a powder-blower, it is the best application for catarrhal conditions of the ear, nose and throat. It is a most satisfactory agent in inflammatory condition of the cornea and conjunctiva. It promptly heals fissured nipples and the ulcers of the oral cavity.

It has been successfully used in gynæcological practice, both as an application to wounds of operation, and to such pathological conditions as endometritis, granulation of the cervix, and ulcers, simple or specific, of the vagina. It is the most satisfactory application known for use in venereal surgery. Chancres, chancreoids and mucous patches heal readily under its influence.

In 5 per cent. and 10 per cent. solution, in hot water, alcohol and ether, it is useful as a nasal, aural and pharyngeal douche and spray; and for disinfection of instruments and hands. The aqueous solution is especially serviceable as an injection in gonorrhœa, abscess cavities, rectal ulcers, etc. In dysentery and enterocolitis, used for lavage of the colon, the results are stated as "magical."

SAMPLE COUPON.

CLINTON PHARMACEUTICAL CO., - Syracuse, N. Y.

Please send a large sample of Iatrol with literature.

NAME.....

P.O.

COUNTY.....STATE.....

"Doctor, Our Diagnosis

IS THAT THE

NORTHERN PACIFIC RAILROAD

IS THE BEST LINE

TO TAKE YOUR VACATION TRIP OVER.



Hotel Yellowstone Lake

Every one knows you are a busy man, but find time enough to take a trip to the

Land of Wonders!

the Yellowstone Park. The only line to this Wonderful Region!

Daily trains equipped with Pullman Palace, Upholstered Tourist and Dining Cars.

Time to Chicago shortened fourteen hours. Tickets sold at **Lowest Rates**, to all points in Washington, Montana, Dakota and Minnesota.

SKETCHES OF WONDERLAND

Which will be sent to your address on receipt of 6 cents in stamps, will tell you a great deal about this

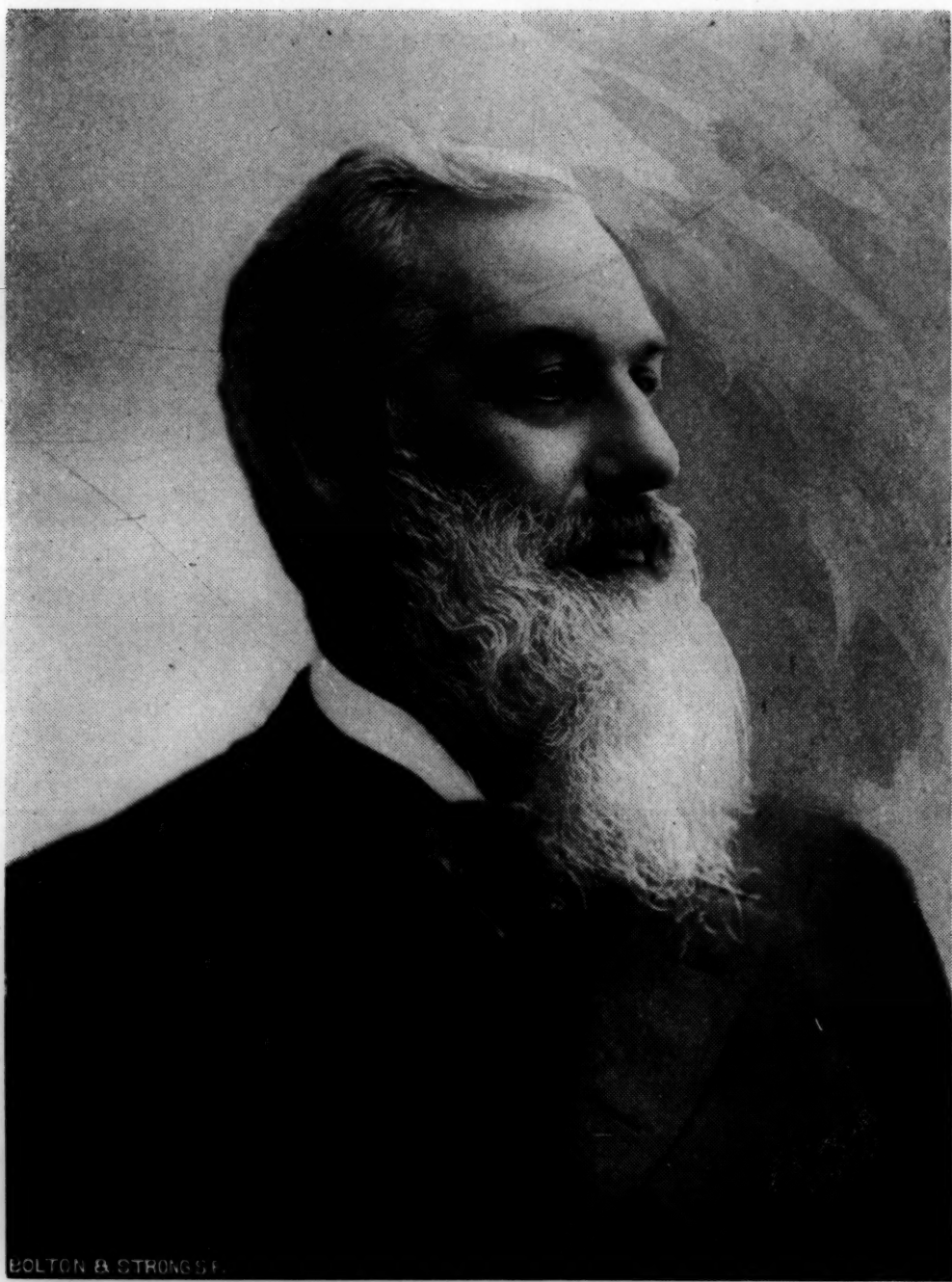
Remarkable Region.

T. K. STATELER, Gen. Agt.,

638 MARKET ST.

SAN FRANCISCO.





D. MACLEAN, M. D.

*PRESIDENT OF THE
CALIFORNIA ECLECTIC MEDICAL ASSOCIATION.*

California Medical Journal.

VOL. XVII.

San Francisco, California, January, 1896

NO. 1

Transactions of the Eclectic Medical Society of the
State of California, held at San Francisco,
November 20th. and 21st. 1895.

Address by the President,

M. H. LOGAN, M. D., SAN FRANCISCO.



FELLOWS OF THE ECLECTIC MEDICAL SOCIETY OF THE STATE OF CALIFORNIA, LADIES AND GENTLEMEN: We have convened to-day, according to our annual custom, in the interest of progressive medicine. We are here for the interchange of ideas and experiences that we may become better equipped in the practice of our profession. We recognize the fact that the success of the individual practitioner is the key to the advancement and popularity of our American School of practice.

MEMBERSHIP AND FINANCE.

Since our last meeting Eclecticism on this coast has made rapid strides. Of the four to five hundred Eclectic physicians in the State of California, fully one-third are now enrolled as members of this society. With the increase in numbers we have been put upon a more substantial footing, financially. While it is not the purpose of this society to accumulate a large bank account, it is, nevertheless,

necessary to have money on hand for defensive purposes, the publishing of papers and the proceedings of the society and for the defraying of incidental expenses. Therefore, fellows of the society will please not forget the treasurer.

OUR COLLEGE.

We are glad to note an advance in this institution. Our College never wearies of well doing. Each year has seen added improvements and increased facilities for instruction. The standard of education is being continually raised. The past year there has been inaugurated a four-year graded course, the same as that now found in the best universities of the land. Its corps of able teachers is fully alive to the exigencies of the times and the needs of the medical student.

OUR HOSPITAL.

A hospital is the latest pride of our cause. Complete in all its equip-

ments, it has been a success from its very inception. Its staff is composed of the members of the faculty of the California Medical College. Through the influence of the dominant school, the students of the College in past years have been denied their rights to clinical advantages at the City and County Hospital, but this drawback is now met by the advantages offered by the Maclean Hospital and Sanitarium.

WARDS IN THE CITY AND COUNTY HOSPITAL.

The new city charter for San Francisco, which is soon to be voted upon, allots two wards each to the Homœopaths and Eclectics. Already the Regular, self-called, has shown his teeth in the public press. It was but a snarl and the beating of a hasty retreat before the satirical batteries of the "irregular."

THE TERM "REGULAR" DEFINED.

It will be interesting as well as instructive to here give the Surgeon-General's definition of the term "Regular," as published in the American Medical Journal:

In the Army regulations, paragraph number 1544, there is the phrase: "And a graduate of a regular medical college." Dr. J. G. Gilchrist of Iowa City was appointed by the Central Iowa Homœopathic Medical Society to correspond with the Surgeon-General as to the meaning of the term "regular."

The doctor asks: "Will you be kind enough to inform us what the word 'regular' means? Has it a sectarian meaning, distinguishing a particular school or class of practitioners, or does

it refer to a college having the right, under the laws of the land to grant medical degrees, and is conducted in an honorable and reputable manner?"

The reply is as follows;

War Department,
Surgeon-General's Office,
Washington, Aug. 4, 1891. }

James G. Gilchrist, M. D., Committee of Central Iowa Homœopathic Medical Society, Iowa City, Iowa—*Sir*: Acknowledging the receipt, by reference, of your communication of the 1st inst., requesting a decision as to the meaning of the term "Regular Medical College," in paragraph 1544, Army Regulations, I am instructed by the Surgeon-General to inform you that the term "Regular" is used in its most comprehensive sense, as indicating that a college is well equipped and prepared to cover the whole ground of the science and art of medicine in its teachings, and requires not less than three years course of study to secure its diploma.

Very respectfully,

Charles R. Greenleaf,
Lieutenant-Colonel and Assistant Medical Purveyor, U. S. Army.

This knocks the bottom out of the Allopathic "half bushel."

If this is the comprehensive sense, then when used to designate the Allopathic school it must be in the contracted sense.—American Medical Journal.

It appears, therefore, that the term "Regular" is not restrictive and should be employed only to designate a physician, legally qualified, without reference to his school.

QUALIFICATIONS OF ECLECTICS.

The New York state examinations for the year ending June, 1895, show a percentage of rejections as follows:

Allopaths, 26.5 per cent.

Homœopaths, 13.3 per cent.

Eclectics, 9.1 per cent.

The figures speak for themselves; they need no comment.

POSITIONS OF HONOR.

It has been frequently stated that Eclectics have no standing nor hold any positions of trust or honor, but the following abbreviated list of well-known Eclectic physicians will show that the claim is without foundation:

A. S. Clark, M. D. Elgin, Illinois, and Milton Jay, M. D., Chicago, are surgeons of National reputation. Dr. T. S. Tandy, E. M. I., '78, of Kinderhook, Ill., is surgeon for the Wabash Railroad and member of the National Association of Railway Surgeons; Bishop McMillen, M. D., Columbus, Ohio, Assistant Superintendent Ohio State Insane Asylum; Dr. F. J. Evans, Philadelphia University of Medicine and Surgery, '74, Surgeon New York Light Artillery and inventor of the famous Evans repeating rifle; Dr. Howard Burns, E. M. I., '92, Carrollton, Ill., Railroad Surgeon, President United States Pension Board and County Physician; Dr. R. R. Anderson, E. M. I., '89, Bufford, Ohio, member of United States Pension Board; Dr. J. M. Beardsley, Winslow, Ind., United States Pension Examiner; Dr. F. J. Oury, E. M. I., '93, United States Military Pension Surgeon at Leavenworth, Kansas; Dr. D. W. Dunn,

Mayor of Duquoin, Ill.; Dr. R. Hubbard, E. M. I., '79, Surgeon at Sandusky, Ohio, for Big Four Railroad and Medical Director of I. O. O. F. Benefit Association.

NEW BOOKS.

This past year has seen the publication of several new Eclectic works. We might mention Clotts' "Pamphlet Notes on Nursing"; Locke's "Syllabus of Eclectic Materia Medica and Therapeutics"; Scudder's "Medical Inhalations"; Lloyd's "Etidorpha"; Stevens' "Annual"; Wintermute's "American Eclectic Obstetrics"; Watkins' "Compendium of Practice." In this connection I wish to mention one of the most remarkable libraries in the world—that of Professor J. U. Lloyd. Here is to be found a complete set of the books, journals and papers ever published by the Eclectic school and a rare collection of botanical and chemical works.

THE WORLD'S CONGRESS OF MEDICO-CLIMATOLOGY.

The World's Congress of Medico-Climatology of the great Columbian Exposition has been made a permanent organization. The Secretary is W. S. Rowley, M. D., 3501 Wabash avenue, Chicago, Ill., and to the secretary of each State Eclectic Medical Society is given the power to appoint five delegates and five alternates to attend the National and International meetings of the congress. The Allopaths and Homœopaths have appointed their delegates.

THE NATIONAL AT PORTLAND.

In June, 1896, the National will

meet in Portland. That city will need help, it belongs to the Pacific Coast and the honor and credit of Eclecticism on the whole coast depends upon the success of the meeting. There must be no such thing as failure, for the reproach would rest as much on us as upon Portland.

It is just 772 miles to Portland and the journey takes thirty-four hours. The cost is just \$10, with Pullman sleeper. There can be no excuse for every Eclectic in California not being there. Every professional man should take a week's vacation once a year, and June is a good month for it, as busi-

ness is usually light.

Portland is a magnificent little city, a perfect gem. It has more solid granite stone and iron buildings to the square yard than San Francisco, Oakland and Sacramento have altogether. The press of Portland looks favorably upon our cause and will give us a good send off. Let every Eclectic, then, consider it a duty, a profound duty he owes to the cause, to be present at the National meeting in June, and closing this address with an earnest wish to meet you all in Portland next June, we will proceed with the order of business.

Hypnotism.

H. P. VAN KIRK, M. D., Oakland, Cal.

What gift possessed by human being is more to be coveted than the ability to relieve the suffering and cause health to take the place of disease?

The subject I have chosen to bring before this learned body of Physicians is at the present time provoking much thought and discussion, along scientific lines.

The blessing that might result from an understanding, and proper application of Hypnotic power in Surgery, nervous diseases etc., etc., cannot be estimated, but as it is continually misapplied through an imperfect knowledge of the law of operating, as well as for selfish purposes, we see more

and more the necessity, and obligation of seeking to become familiar with this so-called phenomenon.

That it is many sided or rather we should say, that it belongs to a large family of phenomena bearing many names, makes it the more difficult to discriminate and make practical its marvelous influence as applied to diseases.

The many misrepresentations by both friends and foes of Hypnotism, have retarded its developments, it being in reality but one phase of a many sided science,

As physicians we are considering the subject, for practical purposes only, i.e. how can it be utilized in dis-

eases? Whatever can aid us along this line we are most earnestly in search of.

Did time permit, it would be well to consider first the fundamental faculties situated in the brain, each having a peculiar external organization, communicating with the external world, each of which is capable of receiving and transmitting sensation to its respective internal faculty. The peculiar functions belonging to each faculty we conceive to consist of Consciousness, Attention, Perception, Memory, Association, Likes, Dislikes, Judgment, Imagination and Will.

The mysteries of human consciousness are very great. We should like to discuss them in their order, but space forbids; so we will only speak of that faculty with which the study of Hypnotism deals most.

Will.—But what is Will? Locke says, "it is the power which the mind has to order the consideration of an idea, or forbearing to consider it, or to prefer the motion of any part of the body or its rest; desire, determines the Will."

Lenes says, "The Will is only the plan of molecular forces under the unconscious law of cause and effect."

Upham, that "The Will is the understanding Ideate in action."

While Spencer asserts, "We have a conflict between two sets of ideal motor changes, which severally tend to become real and this passing of an ideal motor change into a real one we distinguish as the Will."

What do we gather from these di-

verse opinions? Only the varied phenomena of Mesmeric, Hypnotic, Magnetic, in short all normal or abnormal mental states are simply the one consciousness functioning; now through this vehicle; now through that in Mesmerism and Hypnotism, it is the will of another acting, self-hypnosis being used by mediums when they really get into a trance state: But merely to say that the will of another causes these Hypnotic conditions, only leaves the subject where we began. For this reason let us see what is the nature and function of the will.

First notice, that in willing there is an actual transfer of substance as the vehicle of force, and both these under the guidance of consciousness in its active aspect of Ideation.

Therefore Hypnotism is an attempt by means of the will of the Hypnotizer, to modify or control that primitive which is manifesting, as consciousness in the organism of another person.

The very first step in Hypnotism or Mesmerism is to modify the rate of vibration in the subject, sought to be influenced until it becomes identical with, or a ratio of our own. As all life and consciousness manifests itself in motion, it will be seen how necessary that the vibrations in any two subjects sought to be related in the intimacy of the hypnotic state, should be in proportion or harmonious. They may not be identical, but they must stand in the relation of harmonic chords to each other, unless the one completely replaces the other.

This is the solution of the Hypnotic

state by gazing fixedly at a bright object.

Suggestion is only the obedience by the subject's body and brain, of the same will currents, and finer forces by which he governs his own body and brain. It is in the psychic realm that all the so-called spirit manifestations find any intelligence.

W. L. Judge says, "The process going on in Hypnotism is the contraction of the cells of the body, and the brain, from the periphery to the center, while magnetism by human influence starts from within and proceeds to the outer, just the opposite of Hypnotism." Looking at this agency from all standpoints it is a most unsafe thing, except under the most careful moral and intelligent supervision. It is a matter of grave doubt whether a person thoroughly hypnotized, ever regains just the same freedom of will afterwards. It is easy to see how a hypnotizer might cause any crime which avarice or revenge might dictate to be accomplished, without its being possible to connect him legally with that for which morally he is responsible. That some of the awful crimes committed in these days are the product of this agency, we make no doubt. If the power were limited to a cure of physical and moral disease how gladly we would welcome it in. But the chief reason for abstaining from its use, is our imperfect understanding of the finer forces of Nature, which we are invoking. Anyway we have the warning that before one seeks to transfer his consciousness to

higher, and inner planes of being he should be prompted by a strong moral sense. For the farther one retreats within the unfathomable depth of his being, the stronger and more far-reaching for good, or evil do the forces which he employs become.

As I understand it, when a hypnotizer compels another to obey his will, he has subjected to an actual force conveyed by a vehicle containing his own nerve fluid, upon, and into, the system of his subject, where it remains an actual force, obeying the will or Ideation, which accompanied it.

Much valuable instruction may be found in Dr. Frederick Bjornatrom's, treatise upon "Hypnotism, Its History and present Developments." "*Observandum sed non imitandum*," "Investigate but do not experiment" is his motto. He says, "Now that the old mystical and often misused animal magnetism has under the more modern name of hypnotism entered upon a more scientific stage, and that prominent scientific men in France, Italy, Germany, and England, have commenced to separate the wheat from the chaff of this important subject, no educated person can afford to be ignorant of it and above all, no physician should pass the subject by without profound study, and most careful experiment."

According to Bernheim, the nature of the external means is of little importance so long as it impresses the imagination or fancy of the one hypnotized.

If this be true, then all hypnosis would depend upon a suggestion, a transmitted conception, and thus no one could be hypnotized against his will; yet it would seem that we had abundant proof to the contrary, although it is very difficult to decide how great a part the psychical and physical agents have in producing sleep.

Neither is it easy to give a definition of the word Suggestion, which persons use more and more with an extensive meaning. It might be said that by this word is meant every operation which passes through the intellect, producing some imagination, or idea, or simply control over a person by means of an idea.

We see upon all sides the influence that one person may exert upon another: Wherein does this differ from hypnotism homœopathically administered?

I have witnessed some curious and interesting manifestations in the practice of the Delsarte System of physical

culture. The first lesson the teacher gives the class is perfect relaxation of every part of the body, and a passive obedient attention to all the movements of the teacher. The more susceptible of the class will, after a few lessons (imperceptibly to the casual observer,) begin to exhibit signs of the first symptoms of hypnotism. The same symptoms appear before a very magnetic speaker or under the influence of music.

Then let us again urge the great need of a close study of this science, in its many phases, that we may be able to intelligently use these wonderful forces in Nature, for the good of humanity at large in reaching moral and physical diseases, and so open up the way to a nobler, truer manhood and womanhood. Then with this broader outlook; this uplift of mental and spiritual possibilities, in some measure, hold, within our grasp the ravages of sin and disease, and so help to lift humanity to the divinity of true living.

Cyst of the Broad Ligament.

W. B. CHURCH, M. D., Oakland, Cal.

In the course of my works in Abdominal Surgery since coming to the coast, I have met with several cases of intra-ligament cysts, which, as they illustrate different varieties of this condition, may possess interest enough to justify your attention for a few moments.

The broad ligaments are composed of thickened folds of peritoneum, one extremity of which is firmly imbedded in and attached to the uterus at the junction of the cervix and fundus upward on either lateral aspect and the other end to the pelvic brim immediately opposite. They contribute ma-

terially to the support of a part of the ovary and the ovarian and round ligaments.

Here, also, are found such rudimentary remnants of the embryonic Wolffian body as may have escaped transformation into the genito-urinary organs. Formerly all cystic tumors arising in the pelvic cavity were loosely classified as ovarian, and the operation for their removal styled ovariectomy.

At present this designation is restricted to such as result from dropsy of the ovi-sacs in the ovarian stroma.

Whether the tumors under present consideration are ovarian in their origin is an unsettled question.

Some authorities claim that they have their source in supplemental ovarian tissue. The best pathologists trace them to the caecal tubules of the parovarium and the paroophoron. Those arising from the parovarium, called parovarian cysts, are ordinarily easy to remove. They are encapsulated, the capsule, composed of peritoneum and muscular and fibrous tissue, is loosely adherent to the tumor walls. The growth pushes upward toward the fallopian tube, separating the folds of peritoneum from the mesosalpinx. Eventually the tube adheres to and flattens out on the tumor wall, and sometimes from pressure and friction the walls of the tube are perforated at the point of adhesion, and the contents escape by the way of the uterine cavity and vagina.

Mrs. S. of Oakland was fortunate to be relieved in this manner of a large parovarian cyst, nearly two gal-

lons of a clear limpid fluid discharging *per vias naturales* within two days.

As she was applying the Viavi remedies at the time, the proprietors of that quack nostrum were quick to take advantage of the coincidence and their business enjoyed a decided boom.

The cysts usually contain a clear fluid of low specific gravity, and when in any way evacuated seldom refill.

Cases are recorded of their bursting and discharging their contents into the peritoneal cavity without serious results, the innocuous fluid being rapidly absorbed and carried off by the emunctories. This variety of tumor offers an easy triumph to the ambitious young surgeon; being slightly adherent to the capsule, it is readily enucleated; the greatly hypertrophied folds of the broad ligament, embracing and supporting it, are easily peeled off, leaving nothing behind requiring a ligature. The traumatism is slight and convalescence rapid and satisfactory.

Mrs. S. of East Oakland, a poor, hard-working woman, was admitted to my sanitarium nearly three years ago with an abdominal enlargement equal to that of gestation at full term. A diagnosis of ovarian tumor and the usual preparations made for operation.

An incision disclosed instead a large intra-ligamentous cyst in the left side. Its walls were remarkably thick and tough; its contents thick, brown and purulent in appearance; it contained also numerous papillomatous growths. In drawing off the contents of the cyst, care was taken to prevent contamination of the peritoneum by clos-

ing the puncture with catch forceps immediately after withdrawing the trocar, as such material is infectious and its escape into the peritoneal cavity would likely be followed by the development of numerous papillomata. The cyst wall was then easily and quickly enucleated from the calyx formed by the enormously hypertrophied folds of the broad ligaments.

The patient made very little complaint after being put to bed, except from hunger.

Multilocular tumors of the broad ligaments are believed to be always ovarian in origin, but for some cause develop in that direction; that is, between the ligamentous folds instead of toward the peritoneal cavity. An instance of this variety of tumor came under treatment about a year later. Symptoms complained of were: Pain of a neuralgic character, severe headaches and mechanical obstruction of the bowels, from pressure of tumor on the rectum. It was as readily and easily enucleated as the preceding case.

No ovary was found on that side; it had probably been incorporated in the tumor. Convalescence rapid and uneventful. I pass for inspection a photograph which represents a little more than half its size.

An account of those intra-ligamentary cysts, which arise in the renal portion of the Wolffian body, the parophoron, is quite a different story.

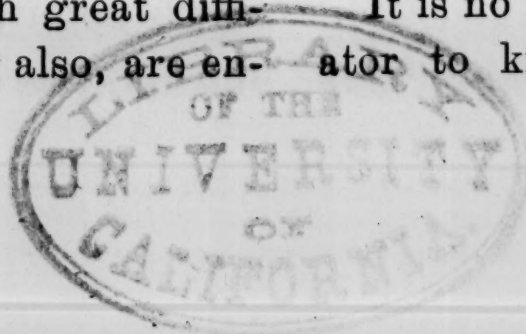
The progress and growth of these tumors are attended with extreme displacement of the peritoneal membrane, and their extirpation with great difficulty and danger. They, also, are en-

capsulated, the capsule consisting of muscular and fibrous tissue. They extend between the folds of the broad ligament separating them, and burrowing deep in the pelvic cavity, under the peritoneum, stripping it from uterus, the bladder, and even from the lower abdominal wall, crowding themselves in between the denuded abdominal wall and the peritoneum behind.

The capsule is glued fast to all these denuded surfaces, including the uterus; the fallopian tubes, the bowels, and even the ureters are lifted up from the floor of the pelvic cavity and imbedded in the tumor. It has often happened after incision has been made through the abdominal wall that the surgeon has been appalled by the impenetrable jumble of organs and tissues, and, taking counsel of prudence, has hastily closed the wound, retreating in good order. Many cases have died on the table from hemorrhage in consequence of adhesions to the uterine or iliac vessels; or if this danger is escaped, shock or sepsis may close the record.

The successful removal of this variety of cyst will tax our resources to the utmost. Boldness, courage and a good degree of technical skill are requisites. Especially must the operator understand the nature of the growth and its methods of development. He must be prepared to encounter extensive adhesions to important organs—adhesions so intimate as to constitute a continuity of structure.

It is no small advantage to an operator to know beforehand that he has



a case of this kind so that he can map out his course and make his preparations accordingly.

Diagnosis, therefore, assumes much importance. The chief diagnostic points are an unsymmetrical growth, that has displaced the uterus laterally to which the uterus is firmly adherent; a growth which by its descent presses upon the rectum so as to greatly obstruct defecation and obliterate Douglas' cul de sac.

If these conditions are present and the development has been marked by unusual pelvic pain, there will be good reason to suspect an intra-ligamentous cyst. All the foregoing matters are so well illustrated by a recent case in practice that it is herewith reported somewhat in detail:

Miss S., a teacher in the public schools of Oakland, called me to her house about two months ago. Had been an invalid for years and confined entirely to her bed for some weeks. Her physician, an intelligent homœopath, had advised her of the necessity of a surgical operation. The following history of her illness was elicited:

Ten years ago she was first prostrated with pain in the pelvic region, which was followed by a copious purulent, bloody and offensive discharge lasting two or three months. During this time she was treated by a San Francisco physician, who pronounced the disease to be catarrh of the womb. Has always suffered since from pelvic pain and tenderness, especially when tired. Also had cough, abscesses developing in the lungs for three years. General prostration,

anemia and other indications of septicaemia developed. It seems plain that the "catarrh of the womb" was really a pyo-salpinx, discharging through the genital passage, accompanied by absorption, and morbid condition of the whole reproductive system. Although very much an invalid, she maintained her school work with great energy and persistence. At length recovered a fair degree of health in appearance, but was never able to walk much, and suffered from constipation, piles and rectal troubles. Last April had a sudden attack of "cramp colic," as she terms it, lasting several hours. From the consequences of this attack was laid up and suffered much pain for three weeks. Then returned to school, and, though far from well, performed her duties to the close of the term.

She went to the country for her vacation, fell from a hammock, jarring her considerably and increasing the pelvic pain, and inability to walk. She was brought home and, although comparatively comfortable when still, was never able to walk afterward.

An examination at the time of my first visit, in September last, revealed a growth or growths in the pelvic cavity, with greater fullness in the left iliac region. There was extreme sensitiveness which rendered examination unsatisfactory; but it was plain there was immobility of the uterus, and a tumor or tumors deep in the pelvic cavity, which pressed upon the rectum and obliterated Douglas' cul de sac.

It is not always easy to tell what is in a woman's belly. In this partic-

ular case the enlarged and fixed uterus indicated the possibility of a fibrocystic tumor. There also were some grounds for the diagnosis of pyosalpinx with extensive inflammatory adhesions. The only decision beyond question was that a surgical operation was required, and this was the opinion given and accepted.

She was brought on a cot to the sanitarium the next day, and two days subsequently it was determined to evacuate the accumula in the left ovarian region by opening through the vaginal vault, as a preliminary to a radical operation.

By this proceeding from one to two pints of thick brown pus were discharged, and some degree of additional comfort secured to the patient. The relief was not marked, however; the uterus remained fixed, and there was the same pressure upon the rectum and bulging into the posterior vaginal cul de sac.

A positive diagnosis of intra-ligamentous cyst or cysts was now made and the patient put upon treatment preparatory to their extirpation. Everything indicated that the attempt involved great danger and difficulty; therefore special care was taken.

Without repeating in detail the "oft told tale" of preparation for coeliotomy, attention is called to the regimen adopted to secure a favorable state of the abdominal tract. For four days preceding the operation no solid food is allowed, the diet consisting chiefly of milk porridge, occasionally supplemented by meat broths and barley water. A cathartic dose of jalap and

senna comp. followed by Rochelle salts and copious enemata to secure complete removal of feces. Then every three hours one grain of beta naphthol triturated in sugar of milk, to sterilize as completely as possible the intestinal tract.

If this is rigidly enforced we are not likely to be troubled by the intestines, distended with gas, crowding into the field of suppuration, and what is equally important, we escape the pain and distress from flatulence and much of the nausea subsequent to abdominal operations.

Whenever it is necessary to remove both ovaries, no good reason exists for leaving the uterus. In this case there was additional reason for its removal as it was enlarged and diseased, and so fixed by adhesions that it must be much lacerated by attempts to separate them. Therefore, it was decided to do a hysterectomy as the best way to remove the tumors.

When all preliminaries were completed, Squibb's chloroform was administered and the operation begun in the vagina, with the intention to proceed as far as possible and complete it by a supra-pubic opening. The uterus was high up in the pelvis and fixed by adhesions, rendering the vaginal operation unusually difficult.

The cervix was seized with a vulsellum but it was impossible to draw down the organ perceptibly. The cervix was, however, girdled, and the broad ligaments on either side dissected out as completely as possible. Hemorrhage was severe, and the difficulty of applying ligatures insuper-

able. The wound was then hastily and firmly packed with iodoform gauze, the patient placed in the Trendelenberg position and an opening about four inches in length made in the linea alba.

In one important respect this differed from ordinary coeliotomies. We did not meet with the peritoneum. This membrane had been by the growth of the cysts stripped from the uterus and bladder and even from the anterior abdominal wall to a level above the highest point of our incision. In place of it appeared the thin, pink-red capsule of the cyst, closely adherent to the underlying intestinal folds. This capsule was torn through and carefully peeled off from the bowels sufficiently to enable me to enter the pelvis and explore the situation, in addition to the partially collapsed cyst which had been previously emptied.

There was another containing about a quart of clear limpid fluid. This cyst presented a very peculiar appearance. In its growth it had burst through the enveloping capsule of broad ligament, and was growing free in the abdominal cavity, the portion within the abdomen, constituting about one-half its extent, was of a pearly blue color. The remaining portion was pink-red, being still encapsulated.

There were three smaller cysts. The tubes were greatly hypertrophied, the ovaries atrophied; adhesions general and very intimate. The large cyst was evacuated with a trocar and the work of enucleation begun. The

chief danger was from the hemorrhage which was so violent that we had no time to search for, and ligate bleeding vessels, even if it had been practicable.

Some time was necessarily spent in freeing the ureters, which were imbedded in the mass; but as hurriedly as possible the ovaries, tubes and small cysts were freed from attachments and the remaining tissues adhering to the uterus divided, meeting the dissection made from the vagina, and the whole removed. A portion of the blood was mopped from the cavity and long, wide strips of iodoform gauze packed into the bloody chasm. This was pressed into the lowest parts of the pelvis, and, of course, came also in close contact with the tampon previously introduced into the vagina.

The wound was carefully closed with silkworm gut sutures, two unfastened ones left to be tightened when the gauze should be removed. On account of the discomfort caused by the tampons, two hypodermics of morphine were required, and on this account, also, for a time it was necessary to use a catheter to empty the bladder. The gauze tampons sufficiently controlled the hemorrhage. They were removed after forty-eight hours.

The subsequent history has no unusual features. She was taken home in a buggy in six weeks, and is recovering health and strength daily.

In reviewing the case I am convinced that an attempt to remove the cyst without the uterus would have been much more difficult, if not impossible.

Pratt's so-called bloodless operation, although it was by no means bloodless in this instance, enables us to consider this method much more frequently than formerly. I am also impressed with the importance of taking a few days time, after diagnosis has been

made, in which to fully consider technique and all conditions which are likely to effect the result.

In closing my account of this case, I desire to acknowledge the efficient and indispensable assistance rendered by Drs. Mehrmann, Derricks and Turner.

Narcotism

H. KYLBERG, M. D., SAN FRANCISCO.

Well do I realize the weight and importance of the subject introduced by the above caption, "Narcotism."

However, it would be beyond my ability, and also the space allotted for a paper of this kind, to give the subject an exhaustive, or even thorough treatment. Still, there are a few points of interest directly pertaining to the subject of narcotism, which may be profitably dwelt upon, and an endeavor to elucidated the same may not be entirely in vain, even though the efforts of the writer are not commensurate with the full purport of the task.

In the first place, let us consider the primary and physiological effect of narcotic drugs upon an individual not habituated to their use.

It is a recognized fact that narcotic drugs have a double physiological action—first stimulating, then afterward sedating, and according to the drug employed and the size of the dose, they exercise a characteristic, hypnotic or anodyne narcotic influence. Start-

ing from this fact, it is well to consider the reason (physiologically) why narcotic drugs have this apparently double action.

The answer is not a new one, but leaves apparently a wide field for further investigation.

It is averred that every organ and function in the human body is controlled by two opposing sets of nerve centers—the direct acting and the inhibitory.

The correct balancing between these two controlling agents insures the harmonious and correct actions of the various organs and their functions. The inhibitory nerve fibres invariably spring from the highly organized and more sensitive centers of the cerebro-spinal system, and are, therefore, the most easily influenced.

Now, let us consider the effect of the narcotic drug upon the nervous system. The first effect of a minimum, or in many cases even a moderate dose of, for example, morphine, is that of stimulation, and this stimulation of

functional activities, I claim, is due to the temporary narcotizing of the inhibitory nerve supply, thus allowing a freer action, for the time being, of the direct impelling nerve forces.

The continued use of narcotics produces the condition known as narcotism, and the habit is often contracted on the pretext of needed stimulation.

The previous argument about the *modus operandi* of narcotic stimulants shows plainly the fallacy of using stimulants only by means of their narcotizing influence on the inhibitory or checking arrangement of the nervous system, except in rare cases directly under the management of the intelligent physician.

The continued use of any narcotic drug almost invariably creates a desire to increase the dosage, and with the increase of the dosage follows, as a natural consequence, perversion of the functional activities of the nervous system. This perversion, according to the above statements, must be largely due the disturbed equilibrium of the nervous system. Among the most prominent symptoms of these nervous derangements are the functional affections of the heart, distressing pains in the head and abdomen, and in extreme cases, tremulous voice, unsteady gait and hallucinations. At this stage the victim of narcotism becomes the most deplorable object of pity that ever applies to the honor and skill of a physician.

It is my belief that unless there be serious complications of organic disease in one form or another, all such cases are curable.

But it is true that it will tax the moral strength and patience of the physician to his utmost, as well as his ingenuity in exhibiting the correct drugs to counteract the numerous conditions of enfeebled activity and perverted functions of the nervous system. I am willing to go further, in laying stress upon the importance of conducting each individual case on its own merits and totally disregard all formulæ and so-called "gold cures." These nostrums may be a great source of revenue in the hands of a skillful quack, but the physician whose motives may be summed up in the common phrase, "For revenue only," is surely not to be found in the ranks of my esteemed confreres, to whom this paper is addressed.

Believing in the old proverb that "Brevity is the soul of wit," I will simply conclude my paper by recommending as treatment for cases of narcotism, a thorough study of each individual case under observation, together with a judicious application of specific medication.

By bringing in the much abused term "specific medication," let me not be understood as advocating "five drops in a glassful of water, the dose of which shall be a teaspoonful," but a rational administration of drugs to fit specific indications—true stimulants, tonics, sedatives and even temporarily, narcotics of a different type to what the patient has been accustomed.

No stereotyped line of treatment can very well recommend itself to a broad minded and intelligent Eclectic physician.

Non-Infectious Membranous Laryngitis.

E. H. MATTNER, A. M., M. D., San Francisco, Cal.

I have long been convinced that there are two forms of membranous, or exudative laryngitis, entirely distinct in etiology, in pathology and in progress, and requiring an entirely different method of treatment. The one form is a non-infectious, the other is the infectious. The one is simply inflammation, the other is manifestly septic.

Non-infectious membranous laryngitis is never conveyed by means of infection or contagion. It is eminently a sporadic disease. For many years I have not seen a single case occur in a family that was ever followed by a second case. Cases of this kind I have never isolated from other members of the family or friends. They have always had free access to the patient without a single instance of being infected.

Non-infectious membranous laryngitis is essentially a simple, inflammatory disease. It never causes septicaemia or blood poisoning. It destroys life simply by the mechanical obstruction that it produces in the larynx in the form of a non-contagious membrane. This form of membranous laryngitis appears to be more prevalent in winter or early spring and in damp, cold weather. I have never seen a child contract this disease that had not been previously exposed to cold. Then, again, I have never seen

a case in a child over sixteen years old. After that time the patient seems to become immune. Time and again have I seen the mother and friends nurse these little patients, breathing their inhalations for days and nights without infection. This cannot be diphtheritic laryngitis.

In non-infectious membranous laryngitis I have never seen lymphatic complications, because there was no infection to be conveyed by the cervical lymphatics. In all my personal experience with non-infectious membranous laryngitis I have never seen it followed by symptoms of paralysis in the slightest degree. Neither have I seen it accompanied with that marked tendency to reduction of arterial tension and failure of the heart, which is almost always the case in diphtheritic laryngitis.

The non-infectious form is positively sthenic in pathology, running its course in a sthenic type throughout, while the diphtheritic or infectious form is as positively asthenic in type.

In non-infectious membranous laryngitis I have never seen the exudation of membrane on other portions of the body as an abraded surface, the anus, or protruded rectum. On the contrary, in the infectious variety I have seen extensive infectious membranous exudation on all these localities. In the non-infectious variety I have never

seen hemorrhagic manifestations, while in the infectious variety I have seen copious hemorrhages from the mucous membranes. I have seen, handled and examined the expectorated membranes, with no attempt at self-protection and with no evil results whatever.

CHARACTER OF THE EXUDATION IN THE NON-INFECTIOUS VARIETY OF MEMBRANOUS LARYNGITIS.

I am convinced, from my experience in the study and treatment of these two varieties of disease, infectious and non-infectious, that these two distinct varieties *do exist*; that they are as markedly distinct in their etiology, pathology and treatment as a simple non-infectious croupous tonsillitis is from malignant infectious tonsillitis or diphtheria. I believe that the exudative membrane of one is absolutely incapable of imparting either infection or contagion, while the contagious properties of the other are as virulent as those of variola. I know that the expectorated membrane of non-infectious laryngitis can be expectorated on clothes, on the bedding, on the floor, or anywhere else, and there remain until its disintegration without ever imparting infection to others. This cannot be said of diphtheritic laryngitis. In my experience in diphtheria, when a case occurs in a family I have invariably seen one or more cases follow, caused by infection of exhaled and expectorated matters. I regard the exudation of genuine infectious laryngitis as containing the infectious germs of the disease. There is the bed of its de-

velopment and growth. From my standpoint I must regard the exudation of non-infectious laryngitis as a simple plastic membrane, the result of an equally simple inflammatory action, dangerous only from the mechanical obstruction which it affords. In the non-infectious variety, as life approaches maturity, this seems to afford complete immunity. On the contrary, in the infectious variety age does not furnish immunity; consequently we see infectious membranous laryngitis at any age.

NEPHRITIS AND URÆMIA.

Nephritis and uræmia are complications common to the pathological history of diphtheria. It is manifestly due to the general toxic condition of the patient. With non-infectious membranous croup I have never known nephritis or uræmia to be associated in the slightest degree, because in the latter there are no toxic materials existing in the system to produce such results. Neither have I seen in any case after membranous croup or non-infectious membranous laryngitis dropsical indications in the slightest degree.

SYMPTOMS OF THE PREMONITORY STAGE OF NON-INFECTIOUS CROUP.

In all cases of non-infectious membranous laryngitis there is a premonitory stage preceding the stage of exudation of from twenty-four to seventy-two hours in duration in different cases.

The importance of this stage to hygienic and prophylactic treatment cannot be over estimated. There is the stage of simple inflammatory action



B. STETSON, M. D.

RECORDING SECRETARY OF THE
CALIFORNIA ECLECTIC MEDICAL ASSOCIATION

that terminates in plastic exudation, as in the case of pleuritis or peritonitis. This stage presents its characteristic symptoms and signs in a manner that cannot be mistaken. In the beginning of this inflammatory action in the mucous membrane of the larynx and trachea there is increased redness, some degree of swelling, dryness and suppression of mucous secretion; hence the mucous membrane at this stage is red, swollen and dry. Among the very earliest indications of this stage of affairs are certain changes in the vocal sounds, the voice and cough. When the child attempts to converse it is observed that the voice is slightly wanting in clearness of articulation. They speak more distinctly in monosyllables than in polysyllables. This indicates to us that the vocal organs are involved. The larynx, with its delicate vocal organs, is exceedingly liable in childhood to take inflammatory action from exposure to cold and dampness. Before the stage of exudation is reached the tone of voice undergoes progressive changes. As the inflammatory action increases the swelling of the mucous membrane advances. The tone of voice becomes less clear and distinct, and the inability of the patient to articulate increases, and finally there comes a period when the tone of voice is reduced to a mere whisper. If the patient is requested to speak he makes the effort, but fails. This is the condition of the vocal organs that precedes and accompanies exudation. It is a most perilous and dangerous stage. The tones and sounds made by the

cough undergo as marked changes as those of the voice. The sound of coughing is made almost exclusively in the larynx, and when its mucous lining and vocal chords undergo changes from organic disease, its tone changes with the varying stages of the local disease. One of the earliest and best indications of the premonitory stage of membranous croup is this peculiar hoarseness and cough. It is simply that the forcibly expired air is forced through a dry, swollen, inflamed mucous membrane. It teaches us the important lesson that the delicate vocal organs are in a state of inflammation that may terminate in exudation. At the same time it may be truthfully said that it is not in every case that these premonitory symptoms terminate in exudation, but it is equally true that in every case of membranous croup it has been preceded by the premonitory symptoms.

Very soon the cough is not only hoarse, but harsh, metallic, changing, as if it were forced through a brazen tube. All physicians, mothers and nurses are familiar with this terrible sound. This harsh, metallic cough appears, not at the earliest period of the premonitory stage, but is developed rather gradually, and appears about the end of the first or second day. After this the tone of the cough decreases, progressing as the disease advances, growing less and less distinct till its final extinction. From the very beginning of the premonitory stage to its termination in exudation or a return of mucous secretion, is a period of dryness in which there is a

total suppression of secretion of mucous. This largely accounts for the modifications of the vocal tones. This inflammatory condition is only relieved by a restoration of mucous secretion. From an early period of this state there is a slight rise of temperature—especially at night; but just preceding the process of exudation there is invariably (in my experience) a marked rise of temperature. The temperature frequently rises from 100° to 103° and even 104° in the course of a few hours. Thus, in cases where there is great hoarseness of voice and intense metallic cough with slight elevation of temperature a sudden rise will almost surely indicate the beginning of exudation.

THE STAGE OF EXUDATION.

As soon as exudation begins the functions of respiration become disturbed; the inhalation of air diminishes; then every step of the way until the termination the respiration becomes more labored and difficult each hour until there is a desperate and painful struggle for breath. The cough is now suppressed to a degree that amounts to a mere effort without sound. The voice is reduced to a mere whisper, and before the end entirely suppressed, and cyanosis finally ends the painful scene. I believe I can say in all truth that the death of a robust, healthy, vigorous child from membranous croup is one of the most painful scenes that a physician can witness.

PROPHYLAXIS OF MEMBRANOUS CROUP.

For years past I have diligently searched the authorities for something

relative to the preventative treatment of membranous croup, but, up to this time, I have found nothing worthy of consideration in regard to this matter. In none have I found any regular system laid down for its prevention. As a rule, its development after the preliminary onset seems to be regarded as something inevitable, and then it is relegated to the surgeons. The important question arises: Is this disease, known to be one of the most fatal to which childhood is subjected, a preventable disease? And, if so, what are the proper means to secure that desirable object?

My experience in the observation and treatment of croup convinces me that it can be prevented, providing remedies are adopted in the preliminary stage before the process of exudation begins. Before this stage it is a threatening case; after it is a true case, and a different line of treatment is necessary. There is a preventative and a curative treatment, both essentially different. It is the preliminary, or premonitory stage, that is the period for us to do our best work for the prevention of membranous exudation; otherwise we fail in our measures of prevention. I am convinced that, if taken at the right time and with proper remedies and care, this exudation can be prevented.

The premonitory stage of membranous croup from its earliest beginning usually lasts from forty-eight to seventy-two hours. This is a precious time in which to work. Unlike spasmodic croup, it is somewhat slow and gradual in its approach. Unfor-

unately, in a great majority of cases these slight preliminary symptoms escape notice, even after the exudation begins. Then it is often the case that these early symptoms are disregarded and the case passes into the exudative stage. When called to a case and having asked the question of the parents whether or not the child has shown symptoms of hoarseness and impaired voice, they will usually tell you that it has, and, in some instances for even three or four days; but during this time, while the child was a little feverish, it pursued its ordinary plays and had no difficulty in breathing excepting at night.

Now, relative to preventive measures, I have, when called to a case which was in the premonitory stages, ordered an emetic, preferably the wine of ipecac, and I have never had cause to regret it. I prefer the wine because it is always of uniform strength, and, when combined with water and sugar, is easily taken. Of this, 3 ss or a 3 is given, according to age, every half hour until free emesis is secured. The objects we wish to accomplish are: First, relaxation of the larynx to give better respiration; second, to produce sedation and thus lessen inflammatory action; third, to increase secretion. For this purpose I then administer the following:

Sp. Tr. Aconitegtt x
Sp. Tr. Spongiagtt v
Wine of Ipecac3 iv
Syr., q. s.3 iv

One teaspoonful every or two hours, according to the severity of the case.

As soon as mucous begins to be secreted, when the cough becomes loose, the case is safe and there can be no further danger of plastic exudation. Plastic exudation and mucous cannot be secreted by the same membrane at the same time.

Purgatives I regard as of infinite importance for the prevention of exudation, whether in the trachea or the larynx, the pleura or the peritoneum. I believe them to be a potent means of diversion of action from the mucous membrane of the larynx and trachea to that of the intestines. This prophylactic treatment, if properly timed and executed faithfully, will rarely fail to prevent membranous croup.

MEDICAL TREATMENT.

Does medical treatment avail anything in croup after exudation has taken place? The great majority of authors will answer this question in the negative. I have seen enough in the many cases which have come under my observation in the past to convince me that there is a certain per cent of recoveries after this stage. What proportion I am unable to say, but I believe a larger proportion than is usually supposed. I have, in a few instances, seen recoveries after exudation of the entire membrane, and still more frequently after the expulsion in detached portions.

Another question is whether there is any method of treatment or any particular class of remedies capable of promoting the separating and the expulsion of the exudation. My experience in the treatment of this stage induces me to believe that certain



agents tend to promote this object. Remedies which stimulate mucous secretion from the inflamed mucosa underneath the exudation sufficient in quantity to detach the exudation and dislodge it from its attachments; and again, such remedies as are capable of exciting frequent and energetic cough. All who have witnessed cases of croup after the exudation has formed have observed the absolute suppression of cough. Cough, active, frequent and forcible, is an important means in membranous croup to dislodge every particle of membrane as rapidly as it may be detached. The remedy which I have found most capable of accomplishing this object is the iodide of lime, a preparation that is manufactured by Billings, Clapp & Co., Boston. Ten grs. of that to 4 oz. of water. Dose, a teaspoonful every 20, 30 or 60 minutes, according to the case. Professor Albert C. Beebe of Chicago, the originator of the remedy, claims to have used it in all cases of croup for more than ten years and has never lost a case during that time.

Iodide of mercury is another very important remedy in the stage of exudation, and I frequently alternate the iodide of lime with the iodide of mercury. Whatever virtues mercury may possess in this disease, I cannot believe are due to any antiseptic influence. For many years mercury suffered the condemnation of the profession and went into almost universal retirement for a season. But it has been honorably recalled and again restored to a high position in our medical armamentarium for battling disease. Fre-

quency in administering medicine in membranous croup is of vital importance.

LOCAL TREATMENT.

In the first instance, the patient must be placed in a large, clean, airy room. Then a gas stove is placed in the room. On this a tin pail containing about a gallon of water. To this water is added -

Turpentine.....3 ij
Eucalyptus3 jss
Bicarbonate of soda.....3 iij

The water is maintained at the boiling point continuously, day and night. Very soon the room becomes saturated with the moist exhalation. The object of this combination is two-fold. The steam from the boiling water, holding in solution the vegetable ingredients, is for the purpose of exciting mucous secretion from beneath the exudation. The soda is for the purpose not only of disintegrating plastic exudation, but for exciting frequent cough, which it usually does. For the purpose of disintegrating, I regard the soda as far superior to the lime. It certainly has acted more efficiently in my own experience, in the case of a child four years old, with all the indications of membranous croup, with entire suppression of voice and cough and very labored breathing. This plan of procedure kept in constant and active operation excited most harassing cough, with frequent expulsion of shreds of membrane, and terminated in ultimate recovery.

After exudation has taken place the time has passed, in my opinion, for the use of cathartics and emetics. It then

becomes the question of detachment of the exudation and expulsion by cough. Formerly, at this stage emetics for the purpose of expelling the membrane in every case. I can truly say that I have never seen the membrane expelled by an emetic, but I have seen it expelled by violent coughing. With either of these means the application of the compound *Stillingia* liniment is a valu-

able adjunct in local treatment. Also the application of papoid. If, however, every available means has failed, we are compelled to resort to either intubation or tracheotomy, although both are very unsatisfactory methods. We may prolong the life of our patient a few hours, but, as a rule, death ensues in almost every case.

Reflexes of the Rectum

L. F. HERRICK, M. D., San Francisco, Cal.

Diseases of the rectum do not receive that careful attention which their importance demands. Other portions of the body receive more consideration and yet are of no more importance. The majority of doctors are too neglectful about examinations of this kind, and many an unfortunate patient suffers from this mistake.

We have but few in the profession who make diseases of the rectum a study, and yet there are more diseased rectums than there are diseased uteruses. This may at first seem to be a broad statement, but we all have rectums and only part of us have uteruses.

From our knowledge of the anatomy of the rectum we can trace the many reflex symptoms that may be met with in diseased or altered conditions of this important organ.

The muscles of the rectum are the external sphincter, internal sphincter,

levator ani, recto-coccygeus and transversus perinæi. The external sphincter muscle is one of the most important of the body, its office being to close the anus. If this muscle be destroyed incontinence of fæces results. The internal sphincter muscle is of but little importance. The levator ani is a very important muscle; its office is to support the pelvic organs and prevent the rectum from being prolapsed. It also acts upon the neck of the bladder, and in the act of defecation it closes the urethra. The recto-coccygeus muscle is located directly under the levator ani; its office is to fix the end of the rectum during defecation. The transversus perinæi muscle is to aid in the act of defecation.

The arteries supplying the rectum are the superior, middle and inferior hemorrhoidal branches, from the inferior mesenteric and internal pudic. The veins which return the blood are

numerous, the greater portion passing through the superior hemorrhoidal veins into the portal system. None of these veins having valves, it is easy to understand why the rectum so often becomes congested and the seat of diseases.

The nerve supply of the rectum comes from two sources—from the hypogastric plexus of the sympathetic system and from the cerebro-spinal system, coming from the fourth anterior sacral nerve. This is the only part of the intestinal canal which receives branches direct from the cerebro-spinal nerves. Therefore, the great irritability and sensibility of the rectum can be easily understood. It is a fact that it requires a deeper anæsthetization to perform operations upon the rectum than any other part of the body.

The nerve supply of the external sphincter muscle is greater than that of any other muscle of the body. The same nerves that supply this muscle supply the integument over it. They pass in beneath the external sphincter until they reach the space between the inner border of the muscle and the internal sphincter; then they divide into two sets of branches, ascending and descending. The ascending branches are distributed to the mucous covering the internal sphincter. The descending go to the integument.

The principal one of the nerve branches to this part, comes from the internal pudic, a branch from the lower part of the sacral plexus. The pudic nerve is distributed to the muscles and integument of the perineum, penis and scrotum in the male and to the

corresponding parts in the female. This creates great sympathy between the lower part of the rectum and all the organs of generation. The sphincter ani and the sphincter urethræ muscles are supplied by the same nerve. Tracing all these nerves to their origin we find that the cerebro-spinal nerves, supplying all the pelvic viscera and the structure forming the perineum and the internal organs of generation, are given off from the same point in the spinal chord.

There are three things necessary to get a reflex action, viz., an afferent nerve, an efferent nerve and a transferring center. The rectum being supplied as it is with an abundant amount of nerves, it is easy to understand why reflexes from this point are so great.

Mathews speaks of a case that came to him for treatment. His trouble was diagnosed by other physicians as locomotor ataxia; in fact, all symptoms pointed that way,—pain in the legs, unsteady gait, nervousness, loss of sexual powers, constipation, pain the rectum, numbness in feet and legs, melancholia, etc. He examined the man and found prolapsus of the rectum. He performed an operation removing the prolapsus by the knife and the man got entirely well. He also speaks in his work of five cases of epilepsy cured by operations on the rectum—one was for abscess, one for fissures and three for internal hemorrhoids.

Had I the time I could cite a number of cases in my own practice where I have treated patients suffering from

rectal trouble without success, owing to the neglect of a careful and thorough examination. I was treating symptoms and not the disease, and until I had examined the rectum and found the seat of trouble was I able to give relief.

Any physician who examines a patient and neglects to include the rectum in his examination has failed to do his duty, and in a great number of cases will fail to cure his patient.

During the past year I have treated,

in my practice and in the free clinic of the California Medical College, nearly 3,000 patients; out of that number I have examined at least 300 rectums, and I found that nine out of every ten of the 300 were diseased. Admitting, then, that one-tenth of the human family have some disease of the rectum, it stands us all in hand to keep a close watch of the cases under observation and not allow such sufferers to go unrelieved.

Rhamnus Californica.

H. T. WEBSTER, M. D., Oakland, Cal.

Mr. President and Fellows: The subject assigned me to-day may seem a little hackneyed to many of you, and I really believe that I have already published about all it will bear. It was mentioned in a somewhat jocular mood at the time our worthy President solicited an article from me for this occasion, but as the programme has been published with the subject in connection with my name, I will improve the occasion to clear up some points of dispute and briefly recapitulate what is already known of the remedy.

There has seemed to me to exist a covert intent upon the part of some writers, since I introduced this agent, to belittle the credit I claim for the introduction of it as a remedy for the treatment of rheumatism. This does not annoy or disturb me, for in this

respect my position is impregnable. At the time I wrote the introductory article for publication in the Eclectic Medical Journal (July number, 1895), I challenged the world to produce any published statement to the effect that it had ever before been known to the profession for the purposes named. This challenge has never been accepted, and probably never will, as nothing had ever been published upon it before.

An anonymous writer, in a late number of the California Medical Journal, asserts that an acquaintance had a brother who years ago made a large income from the remedy by selling it as a secret nostrum for rheumatism. As quacks are not usually botanists, a specific purpose must be received with considerable allowance. He might

have used a bark which answered the purpose, and there are other barks in California which have the repute of curing rheumatism, and it may have been one among several. Such statement, made by an anonymous writer, upon a scientific subject, may fairly be considered outside of legitimate journalism and unworthy of very much notice. I mention the article to contrast my method of introducing the drug with those of this would-be usurper, and at the same time to refute all his suggestions made, as he asserts, to throw light on the controversy.

In the first place, I mention the fact in my article that my attention was called to the drug through the domestic use made of it by some of my patrons. I therefore disclaimed any proposition that I was the original discover of the drug as a medicine. This is so clear that any one of fair intelligence ought to be able to understand it. Before introducing the remedy I went to the trouble of submitting a specimen of the foliage to competent authority, that its identity might be satisfactorily determined. Afterward I visited Professor Green, at that time botanist at the State University, personally, to learn what might be further gathered as to synonyms and common names. These I placed before the profession fully, so that my volunteered services might possess real and substantial worth. Having done this, and foreseeing that rival claimants for the honors of the occasion might appear, I challenged these to produce published statements, if

any were in existence antedating me upon the occasion of the publication of my first article upon the subject. None have come forward as yet, and it is safe to predict that they never will.

As an illustration of the manner in which the controversy is viewed from afar, I will quote a few lines by a medical gentlemen from Canada, who, though not an Eclectic, yet is an impartial and attentive reader of Eclectic medical literature. I have no authority to divulge his name, as the quotation is part of a private letter, written as a stranger, upon a matter of business. Here is the quotation :

"In reading the correspondence in the California Medical Journal about the *Rhamnus Californica*, it struck me very forcibly why the ——— didn't these men who knew all about the remedy let the rest of the world know about it, instead of trying to detract from the deserved credit of the man who has brains and enterprise to forcibly draw the attention of the world to it? Looking at things the way some of the writers do, Jenner would not have been credited with the discovery of vaccination, and I question much if any person could be accounted the discovery of anything. The man who picks up an idea and develops it by systematic study and experiment, and is humanitarian enough to publish it to the rest of mankind, is the one who deserves the honor, and none but the envious, little minds seek to withhold or detract from it."

It goes without saying that the dispensaries mention *Rhamnus Californica*. The shrub is not a new one to botanists. I did not propagate it from other species, nor create it en-

tirely. I simply introduced it to the medical profession as a remedy for rheumatism. I make these statements, which may seem superfluous to the ordinary person, that certain others, not quite so discerning, may hereafter make no mistake. Though the dispensaries mention it, they do not refer to its use in rheumatism. They only mention it as a substitute for the cathartic purposes of *Rhamnus Purshiana*. This is another patent fact, but I will mention it for fear that it may be overlooked.

Dr. John Fearn, in an article published in the September number of the *California Medical Journal* during the present year, confounds *Rhamnus Frangula* with *Rhamnus Californica*, and introduces the agent before the Alameda County Eclectic Society as *Rhamnus Frangula*, otherwise *Rhamnus Californica*. As *Rhamnus Frangula* is a native of Europe and is never found in America, except as a cultivated plant, this article is somewhat confusing. At the time the article was first published I believe that he was dealing with another species; but I have since found that his specimens were obtained from the bay variety of *Rhamnus Californica*, and that he was correct in this particular. The specimens which I now show you represent both the interior and bay varieties. One was obtained from Hayes' Canyon, which opens into the San Francisco bay country, and was left at my office by Dr. J. R. Fearn, and the other was sent to me from Healdsburg by Dr. W. D. Ward. It will be observed that there is some difference in the appear-

ance of these two branches, that of the bay variety being more condensed and leaves generally slightly more oval.

Rhamnus Californica is commonly known as the California coffee tree. It is a shrub which grows to the height of twenty feet in some instances, and bears a berry which is first green, then red, and finally when ripened black in color. This berry contains two seeds, resembling coffee beans in shape, the flattened and grooved sides of the two lying in opposition and being covered with a thin, sweetish-bitter pulp, resembling the choke cherry in taste, though the berry is as large as a marrowfat pea. It grows in the Sierras, in the Coast Range and along the coast from Santa Barbara as far north as Southern Oregon. It has been used in domestic practice as a substitute for *Rhamnus Purshiana*, and it has doubtless been a common practice to sophisticate the latter with that of *Rhamnus Californica*, the resemblance between the two barks being very great, except that the bark of the *Rhamnus Californica* is thinner. California wholesale druggists designate the bark of the *Rhamnus Californica* as "thin cascara bark."

Rhamnus Californica (the bark) seems to me to be the most positive remedy for rheumatism and muscular pain of rheumatoid character that I have ever employed. A saturated tincture of the fresh bark made in alcohol may be administered in fifteen or twenty drop doses every three or four hours, in ordinary cases of acute rheumatism. Three or four doses a day will answer in chronic cases.

The preferable form for administration is that of a decoction of the recently dried bark. A heaping tablespoonful of the finely broken bark is covered with a pint of cold water and steeped over a slow fire, it being allowed to simmer fifteen or twenty minutes after reaching the boiling point. Of this one or two tablespoonfuls may be administered every three or four hours. If a laxative effect follows this dose, the amount to be administered must afterward be reduced until the cathartic effect is avoided. Catharsis is not necessary for its effective action.

I have found it very effectual in long standing and obstinate dysmenorrhœa. It may be administered in the same manner already described, and should be continued three or four months, about four times a day. Of course, it is applicable to cases which do not require surgical interference.

Error--On page 23, third paragraph, 19th line, after the word "botanists" read "the word of one that he used a specific species of vegetation for"

Strangulation of the Bowel.

H. B. MEHRMANN, M. D., Oakland, Cal.

The principle object of this paper is show how absolutely helpless medication is in some pathological conditions met with in the treatment of disease. Also, the obscurity of symptoms in severe and often fatal cases from their inception. Authorities lay down a line of symptoms in all cases, but in a large number it requires a very acute imagination to distinguish these diagnostic signs as laid down by them. Again, it is frequently the case that in certain diseases the pathology is indicated by symptoms entirely different from any that would be ordinarily found in a particular case. Therefore, owing to

the absence of differential diagnostic signs, as well as the condition of mind and the attitude of relatives, the physician is frequently deterred from treating operatively, thereby giving the patient the benefit of the doubt. We are oftentimes enabled to save the lives of people when our patients and their relatives are of an educated class of people. With them reasoning is possible, without undue reflection upon those in attendance.

Late at night on the 28th day of October last, I was called to see a Mr. W., and found him suffering from periodic pains in the region of the sig-

moid flexure. He had been seized with these pains some eight or ten hours previously, and shortly thereafter was affected with vomiting, which continued to increase until less than a teaspoonful of water taken at a time would be immediately rejected by the stomach. There was no tympanities, tenesmus, signs of shock, nor suppression of urine. The countenance appeared natural and there was but a slight tenderness over the sigmoidal region. In fact, the patient found no inconvenience whatever, except from the recurrence of the pains and the vomiting, which was not continuous, only occurring at intervals of from ten to fifteen minutes.

I placed the patient upon treatment to allay the peristaltic action of the bowels and control the nausea. The next day he passed quite comfortably, having little pain and vomited but twice, but during the following night he experienced more pain although he vomited but once. On the morning of the 10th I was not favorably impressed with his condition, though he did not appear to be losing any ground. Nevertheless, I desired to consult with one possessed of more profound knowledge of such cases than myself and therefore called Dr. Church in consultation. He agreed with me, that from the symptoms present and judging also from the patient's admirable general condition, he might pull through all right by maintaining the bowels absolutely quiescent. With some minor alterations the treatment was continued.

The day was passed nicely as was also the night, until about 4 o'clock a. m., when he was taken with an intense desire to urinate, but found it utterly impossible to do so. Not having a messenger on hand I was not sent for until 6 a. m. Upon my arrival I found the bowels considerably distended and the patient in a critical condition. I immediately summoned Dr. Church, intending to operate as a last resort. In the meantime, owing to the patient's repeated requests, I used the catheter, but found, as I had mistrusted, but a very small quantity of urine. Yet, to use his own words, he said: "If I could only pass water I would feel all right." In probably thirty minutes after my arrival he went into a state of collapse, the bowels having perforated, and he sank rapidly, breathing his last in less than an hour. The autopsy revealed a volvulus, the ileum constricted by a band of cicatricial tissue, which had no doubt resulted from a previous peritonitis and through which the bowel had passed, torsion followed. Had the symptoms been such as to have made an early diagnosis absolutely certain, the prognosis would, nevertheless, have been unfavorable. Operative measures would have been the proper course, though in that particular case it is certain that the attendant would have incurred the everlasting hatred of his friends had the knife been pushed into the abdomen of this man. As it was, we escaped with somewhat of a reputation still left.

Influence of Pregnancy on Diseases of the Heart.

D. MACLEAN, M. D., San Francisco, Cal.

In pregnancy it is frequently difficult to draw the line, where normal, physiological processes cease and morbid actions begin. The accompanying disorders of pregnancy are mostly exaggerations of natural conditions.

The blood undergoes changes in quantity and quality. The quantity is increased by the demand, to supply the increased area of circulation in the uterus, foetus and placenta. The quality is changed by the increase of water, fibrin and white blood corpuscles, and decrease of red blood corpuscles and albumen. These changes are owing to the nutritive demands of the foetus and tissue changes of the uterus. The system is in a condition of anæmic plethora. Nutrition is impaired, unless in exceptional cases.

The increase of the total mass of blood, the placental circulation and the intra-abdominal pressure from the enlargement of the gravid uterus imposes an extra strain upon the heart, which necessitates an increase in its force or frequency of its beats. The frequency is but little increased, so that the extra strain is overcome by the increase in its force. The left ventricle becomes hypertrophied to perform its unusual labor. This hypertrophy has no pathological significance, for as the uterus is emptied the arterial tension is removed and the

heart accommodates itself to the decrease in work demanded.

Should the heart be already crippled by aortic or mitral stenosis or valvular lesions, and its burden further increased by pregnancy, it may be unable to perform its functions, and the condition of the patient to say the least alarming. Under those circumstances the woman will suffer from dyspnoea, dry cough and hemorrhage from the lungs, stomach and nose. The persistence or exaggeration of these conditions may terminate in cardiac paralysis. With continued dyspnoea and recurring hemorrhages, the patient becoming exhausted, the physician should not hesitate to produce a premature delivery. It is one of these cases where delay may be dangerous.

Where endocarditis exists the woman is usually unable to stand the strain of pregnancy. Compensatory hypertrophy having already taken place, a greater hypertrophy is demanded and the heart is unable to stand the increased arterial tension. Should she, however, pass through gestation without any serious disturbance, she is not even then free from danger. The great exertion of labor and the difficulty of the heart in accommodating itself to the change in the circulation, loss of fluid and reduction of vascu-

lar tension, may result in a fatal issue.

Pregnancy also induces a tendency to ulcerative conditions, either in acute or chronic endocarditis, probably owing to impaired nutrition and extra work with which it is burdened.

If lesions are but slightly marked at the commencement of the first gestation, the patient may experience little cardiac difficulty. The compensatory hypertrophy equalizes force and resistance, but successive pregnancies impair the heart and leave the patient in a critical condition.

No woman with marked cardiac disease should marry, or if she does, should bear no children. In the pregnant state she is liable, with scarcely any warning, to pulmonary oedema or hemorrhage, either of which might prove fatal to her or her unborn child. Such patients usually miscarry, and I might add that it is not altogether an unfortunate occurrence, for children born under such circumstances are weaklings and survive but a short period.

In the event of a woman suffering

from disease of the heart, completing her full period of gestation, when taken in labor, the physician should be prepared to render assistance. Labor must not be prolonged, for her endurance is limited, and exhaustion soon overtakes her. He should have oxygen and strychnine at hand in case of heart failure. Every effort made to promote dilatation of the cervix and empty the uterus as early as possible, either by manual or instrumental means. The placenta should be delivered without delay by external manipulations, after which grasp the uterus externally with one hand, the other in the vagina, making firm compression between the two hands until the uterine fibers have completely retracted and the danger of hemorrhage avoided. This pressure should be continued twenty or thirty minutes, or even longer. A small loss of blood might prove fatal, and in some cases it might be well as a further precaution to tampon the uterus with antiseptic gauze.

Advance of Modern Medicine.

V. A. DERRICK M. D., Oakland, Cal.

Scientific advancement is as completely under the control of natural law as is bodily growth. Individual development is the model of social progress. A human life is in part

subject to the free-will impulses of himself and others; in part it is under the inexorable dominion of law. To a certain extent our surroundings and the influences that govern exert a

controlling power. The thoughts of men will always gather a tincture from the intellectual medium in which they live. Yet there are certain experiences which are common to all. In the confidence of youth an individual imagines that very much is under his control; in the disappointment of old age very little. As time wears on and the illusions of early imaginations vanish, he begins to correct his sanguine views and he finds the things he has secured are not the things he expected. The realities of life undeceive him at last and there steals over the evening of his days the unwelcome conviction of the vanity of human hopes. He finds that he was brought into the world without his own knowledge and is departing from it against his own will.

This we would say, then, is the law that governs all. We cannot choose the stage of the world's history in which to live. Fate has ordained that we shall act our part in the drama of life in this latter part of the nineteenth century. There is one thing, however, in the line of human possibilities that we may do: We may profit by the history of the past and improve every opportunity of the present, so that at the close of our lives we may see that our work has not been entirely in vain and that we have added our mite to the general fund of knowledge.

The variations of human thought proceed in a continuous manner. New ideas spring out of old ones, either as corrections or development, but never spontaneously originating. With them, as with organic forces, each requires a germ, a seed. The intellectual

phase of humanity observed at any moment is, therefore, an embodiment of many different things. It is connected with the past, is in unison with the present and contains an embryo of the future.

To the medical profession is intrusted the advance in the theory and practice of the healing art. The things that we may learn, the discoveries that we may make, will have their effect on the discoveries and developments that shall be made in the future.

There has been continual progress since the time of Hippocrates, Father of Medicine. The medical art, as we now practice it, and the character of the physician as we now understand it, both date from his time.

The one great principle which he placed before the world and upon which he practiced, is as true now as it was then, in that he recognized disease as being equal with life, a process governed by what we now call natural laws, which could be known by observation and which indicated the normal direction of recovery. However so mature a professional sentiment may perhaps have been more the result of the growth of time and organization than the work of an individual genius.

The knowledge of anatomy and physiology has been the foundation upon which the great structure of scientific medicine has been built. Little by little the great truths have been brought to light and accepted, yet, sad to say, in many instances, with much opposition.

Galen, who discovered that the arteries are blood-carrying in life and

empty after death in contradistinction to the former theory that they were filled with air, Berengario of Italy, Fabrascio, who discovered the valves in the veins, Harvey, who discovered the circulation, Marcellus Malpighius, who demonstrated the capillary circulation, and lastly, Gray, who has finished the great structure, may all be considered bright stars that illumine the age in which they lived.

It would seem that the study of anatomy is well-nigh completed. We now have the fact that the heart is constructed upon the recognized rule of hydraulics, and with its great tubes is furnished with mechanical contrivances, valves; we know that the eye has been arranged on the most refined established principles of optics—its cornea, humor and crystalline lens converging the rays to form an image, and its iris, like the diaphragm of a telescope or microscope shutting out stray light and regulating the quantity admitted; we know that the air taken in an inspiration is brought into the great air passages by the descent of the diaphragm, thus calling into play atmospheric pressure and is conveyed upon physical principles to the ultimate cells of the lungs, giving its oxygen to the blood and permitting all the functions of organized life to go on.

As we consider this we realize that the organic operations are the result of physical agencies and controlled by natural laws. Admitting this, we are kept from the delusions which have prevailed in every period stifling human thought and scientific ad-

vancement.

During the Dark Ages these scientific principles were crushed by superstition. This was the time when the motto was "Ignorance Is the Mother of Devotion." To prevent free liberty of human thought cannot but be disastrous. Hence it was in these times that physicians were viewed by the church with dislike and regarded as atheists by the people who held firmly to the lessons they had been taught that cures must be wrought by relics of martyrs and bones of saints, by prayers and intercessions, and that each region of the body was under one spiritual charge—the joint of the right thumb being in the care of God the Father, the second under that of the blessed Virgin and so on of other parts. For each disease there was a saint. A man with sore eyes must invoke Saint Clara, but if it were inflammation elsewhere he must turn to Saint Anthony. An ague would demand the assistance of Saint Pernel. Of course, this was practiced among the illiterate and was a system which professed to cultivate the morals, but crushed the mind. These things might well excite our mirth, if it were not the index of what superstition will do. It is for these reasons that the savages cut themselves, pour oil on their wounds and set it afire, thinking thus to appease the gods and cure their maladies. Where learning and scientific reasoning bear sway these customs vanish.

For this cause, then, the last century has been marked with advances that have revolutionized the medical world. It was in 1800 that nitrous

oxide was found to exert an anæsthetic action. On September 30, 1846, Dr. Morton, a dentist of Boston, used the vapor of sulphuric ether in dental operations. In 1847, Simpson announced the use of chloroform, and it has come as a boon of immeasurable value to both the surgeon and the layman. Next, Lister announced his principles of antiseptic treatment, and the last difficulty in the surgical work has been surmounted. Parts of the human anatomy which before remained hidden, cavities which defied entrance are operated upon at will and with little risk. This has made a demand for more perfect surgical instruments, and so we have improvement after improvement till it would seem that they could scarcely be bettered. Yet there is room. Perfection is a large word, a significant one, and there may be opportunity for us to make our name as lasting and memorial as that of J. Marion Sims.

In surgery new fields yet lie before us. Cerebral localization and operative treatment is yet to be perfected. Let the Eclectics stand in the front ranks. True, we do not want to be classed with those whom it is said have a mania for operating, but we should be ready for any emergency when the best interests of our patient demand it. We would not go to the extreme, however, which a New York surgeon does, who advances the theory that it is the duty of every surgeon to exercise himself to the extent of his ability in the interest of an appendixless race of human beings. This would mean war to the unruly member till all the human family

shall be elevated to the high estate of completely evolved manhood. Even if we be so skillful as to be able to perform the operation through an inch and a half incision and get them out of bed in a week and a half, à la Dr. Morris, we should have to admit that the subjection of the whole human family to this operation would result in more deaths than were ever caused by captured grape seeds or cherry pits.

Why not turn our attention to the discovery of the function of the vermiform appendix? Shall we rest on the premise that it is useful to the human race only as a reminder of our humble origin, having long since lost its office which it is said to have served when man was only an anthropoid and subsisted on the coarse products of the primeval forests? The simple fact that we do not know the use of the organ is not sufficient evidence that it is useless. Only a few years ago we were in the same position in regard to the supra-renal capsules, thyroid glands, spleen and other structures that have been shown by recent research to be of considerable importance to the vital economy. Possibly the organ may be found to be worth preserving after all when in health and worthy of at least a chance for its life, unless it gives evidence of existing disease.

To our present century, however, belongs the most marked advancement in medication, and the promulgators of this great system are—let me say it unpretentiously, yet proudly—Eclectic. Liberty of thought, liberty to choose and act as the conditions of the patient



B. H. MEHRMANN, M. D.

*CORRESPONDING SECRETARY OF THE
CALIFORNIA ECLECTIC MEDICAL ASSOCIATION.*

indicate, is the principle upon which they worked and the disastrous empiricism of the regular school was broken.

In the early part of this century the lancet was indispensable and mercury was the catholicon, the panacea, the physician's staff in all his difficulties, the patient's hope in the valley of despair, the means first used as disease approached in the forlorn hope to frighten it away; then when strength failed and aggravated complications had been induced the last resort consisted in the possibility of substituting mercurial disease, so that if the patient must be lost his death might be accomplished by scientific means.

From an article published during this year in the *Scalpel*, edited by Dr. Dixon of New York, we quote the following:

"It is a very common mode for accounting for every disorder of the stomach, and which the doctor can neither explain nor understand, to pronounce the patient to be bilious. Now this biliousness is as incomprehensible and inexplicable as the unknown disorder. The medical logic runs thus: If it is not bilious, what is it? If calomel will not cure it, what will? Therefore, give calomel.

"In cholera, of which the doctors seem increasingly to know less, they have found that the best medicine is calomel, and that the best method of administering it is increasingly to give more. When they knew a little about cholera they gave a few grains now and then. Now that they know much less they give teaspoonfuls, and by the time that the disease comes again we may expect that, according to the law of progress the academy will then know absolutely nothing, they will in-

crease their remedy in proportion to their ignorance and give tablespoonfuls. Decidedly, calomel is the remedy.

"In diarrhoea and dysentery, where the bowels are soured until they are unable to maintain their secretions, their constituent fluids, or even the blood, calomel is given because it is ordered to be given by the medical authorities. Do you ask why? Beware of that self-sufficient spirit that indulges in the unhallowed license of reasoning. But once, we stoop to answer the impertinence of the question, and we hope to answer it finally. Calomel is given because—and we wish to emphasize our *because*, with the importance due to its merits—because they do not know what else to give.

"But it is time that we treat of the more recondite qualities of calomel. No one, except a thoroughly initiated medical man, can estimate the value of that property of calomel, which gives it such an efficiency as an alterative. A patient is afflicted with something which the doctor can neither comprehend nor cure; but by the aid of calomel he can bring on some other complaint, which will subside after a time, when he ceases to give the remedy. Here is comprehension and cure together. In the meantime the real disorder is obscured and overlooked, or has time to get well, or is changed to something else, and there is opportunity to make out a case and—a bill.

"It is this alterative property of calomel which makes it so valuable in liver complaints. If a person has a pain in the right side and shoulder and be bilious, of course such a person has his liver out of order.

"Of course, it is requisite to put him under an alterative course of treatment to rectify the disorder of the liver. What the disorder of the liver consists in is no business of yours, any more than what the alterative quality of

calomel implies. Medical logic has decided that calomel is alterative and alteratives are required in liver disease. Therefore give calomel.

"Some of the alterative effects of calomel are very apparent. We have known stout, healthy persons converted to the lean, feeble ones. Some, whose stomachs are capable of taking and digesting any kind of food, were rendered incapable of digesting anything at all; others who were always regular with their bowels were so altered that they found the necessity to regulate them, the future business of their life. Some have a moderate-sized liver altered to a large one; others are so altered as to lose a large portion of their liver, already diminished. Some find out that they have kidneys who never knew it before, and many can define the exact boundary of their stomachs by the uneasiness which they feel, who formerly did not know that they had a stomach.

"The alterative effects, however, are more sensibly experienced at night. Many who could formerly sleep the clock round, experience such an alteration as not to be able to sleep at all. Those who formerly were incapable of comprehending what rheumatism is are now capable of defining it. Their bones and ligaments now become so intensely sensitive that they are obliged to preserve them from the softest touch of air, and a bed of down is as rough as thorns to them. They once knew what a cold sweat meant. They now never have a warm one. The alterative properties of calomel are undoubtedly great.

"There is one property in calomel above all other medicines. It is this: If there is nothing the matter with the person who takes it, there very soon will be; and although before its administration it might be impossible to know or say what was the matter, if anything, it will be very easy to do

both after it has been given. Decayed teeth, bad breath, foul stomach, irregular bowels, pain in the bones, weakness and weariness, are but a small portion of the large catalogues of ailments which are most distinctly traceable to calomel. Dyspepsia, dropsy and piles or fistula may be very easily procured by any one who will undergo a course of calomel."

Do we wonder that there was a call among the liberal minded men for a new system, and need we ever be ashamed that we constitute a part of the Eclectic school of medicine?

Yet there is room to improve. In the bacteriological world there are new wonders yet to be revealed, and doubtless during the twentieth century the microscope will stand as the infallible diagnostician. Let us not speak of Professor Koch as an ignoramus, as some of the so-called medical men have done, for although tuberculin did not prove to be the long-sought panacea for consumption, his experiments have been invaluable in determining the nature of the disease. The antitoxin may not annihilate diphtheria, but let the experiments go on—some other scientific proposition may be elucidated. It is pleasing even to note a spirit of inquiry.

One writer has tersely expressed his wonder in regard to the influenza germ, as follows:

TO THE INFLUENZA GERM.

By the shivering fits which chill us,
By the feverish heat which grill us,
By the pains acute which fill us,
By the aches which maul and mill us,
By the quacks who draught and pill us,
By the hydropaths who swill us,
By the allopaths who bill us,
By the nervous fears which kill us,
Tell us, tell us, wee Bacillus,

What, and why, and whence you are!

Say, are you a germ atomic?
 Have you uses economic?
 Are you truly miasmatic?
 Are you solid or lymphatic?
 Frankly, is your cause zymotic?
 Are you native or exotic?
 When your business is transacted
 Is your stay to be protracted?
 And do you intend, Bacillus,
 To return again and kill us?
 Do make answer, if you please!

Tell us briefly, tiny Mystery,
 What's your source and what's your history;
 Clear the clouds of obfuscation
 That surround your incubation!
 Furnish, without more obstruction,
 Your belated introduction!
 Let us know your why and wherefore,
 What it is you're in the air for!
 And meanwhile, O wee Bacillus,
 Since with morbid dread you fill us,
 Prythee, take your leave at once!

It may be offensive to our pride, but
 it is none the less true, that in this
 scientific progress we may be com-
 pared to the animal life below us. To

each individual bee a career is open.
 He may taste of this flower and avoid
 that; he may be industrious in the
 garden or idle away his time in the
 air; but the history of one hive is the
 history of another hive; there will be
 a predestined organization—the queen,
 the drones, the workers.

So it is in any profession. There
 are some who will take to themselves
 all the benefit of what others by hard
 and untiring effort have given them,
 yet they offer nothing in return. But
 an active life must be considered the
 happier one so that we may take our
 place among the workers and the com-
 ing generation will rise up and call us
 blessed.

The Old and the New.

W. S. MOTT, M. D., Salem, Oregon.

I have named this subject "The Old and
 the New,"
 Though the new things will be indeed very
 few;
 And of the "historics," so ancient, so
 old,
 I can only repeat what has often been
 told.

Every generation of men in all the
 march of ages has evinced a certain
 longing for truth. Not, perhaps, from
 the love of being right, but from a
 desire to find amid eternal change
 some thing changeless; to find amid
 uncertainty some thing certain. To
 meet this ceaseless and not unnatural

inquiry, men, from Confucius to Ma-
 homet, have laid under contribution
 the wisdom and philosophy of the wise
 ones of the earth. But the subtile
 principles of their philosophy simply
 deluded or delighted the minds of
 men.

The practice of medicine has its
 origin way back in the misty path—in
 an age of superstition, when every
 beneficial service was deemed an act
 of the God and every recovery a su-
 perhuman miracle. The earliest his-
 tory of medical technique was involved
 in mystery, superstitious dogmas and

confused explanations. The regulars or priesthood had an exclusive right or monopoly of the ancient art. They taught that it was profane to allow one not of the privileged family to learn to administer a remedy. The Hippocratic oath was a formation of the same idea. Every disease was administered to by the priest, and the ministration was accompanied by ceremonies.

At the present time Hippocratic dogmas are most favored in Germany and in France. While England, having a state church and state medicine is empirical in the latter, and in a process of solution and disintegration in both. Probably the winning card with many of these sects in medicine was their power of eloquence and mystification. These qualities, however, never advanced science. An effort was once made in the earlier ages to harmonize the views and practice of physicians. Intelligent men of various factions, recognizing good in all the prominent doctrines, set to glean what was valuable and formulate it into a technic or practice, which would approach the deserved excellence. This was the ancient Eclectic school. It had its day in the philosophical era of the empire, but after a time it relapsed into the same old dogmas, methods and controversies from whence it came.

What a blessing it would be to the medical profession if all the theories of art were forgotten. Our patients are not, nor will not be, sick according to theory, and we cannot make them so. Each individual case is a theme and a law unto itself. Each member of the

human family differs more or less from every other individual in his physical or mental make up. His power of endurance, his susceptibilities to the invasion of disease, as well as the influence of remedies; varies more or less from other members of the family. His mental diversity is even more variable than his physical organs. The mind has much to do in influencing the many phases of disease. Hence the necessity of less theory and more practical observation and common sense in the practice of medicine.

Within the last half century we have brought about a marvelous change for the better in the practice of our art. The avowed purpose of the Eclectic school in the start was to effect a revolution in remedies and methods then in use. How we have succeeded all well posted physicians know. We have accomplished even more than would have satisfied our forefathers. The motto of our predecessors was, as it now is, "*viris vitales sustinate*"—our mission was to establish a school of medicine. We denounced phlebotomy and the indiscriminate use of the mercurials as cure-alls. We sustained the vital forces and assisted nature in warding off diseases and accomplishing recoveries. As a consequence, the supporters of the old methods in medical practice have cursed us, borne false witness against us and some of them have stooped to the vilest of warfare; in fact, we have suffered as all reformers have. But we have lived to see the leading physicians of the Allopathic and other schools adopting our methods and remedies of twenty-five

years ago, claiming, of course, that they have recently learned by patient research that certain remedies are specifically indicated in certain pathological conditions—discovering them in Eclectic books and giving no credit. Many of them are awaking from their Rip Van Winkle sleep and are becoming Eclectic.

Our Homœopathic friends are also coming a little nearer to Eclectic principles year by year, and I trust that the time is coming when sects in medicine will cease to exist and all will adopt a rational practice of medicine and labor only for the advancement of medical science and for the good of humanity.

I believe the standard of medical education should be elevated, but I do not believe that increasing the number of courses will bring about the required result. A two or three years' college course has made good physicians of many men, but even a twenty years' course cannot nor will not make good physicians of all men. What I mean to say is, that neither college training nor legal requirements can make every man a successful physician. Every man is born for a special purpose in life, and if he does not possess the inherent qualities for success in the medical profession, among which is the love of his calling, no amount of college training will either give him brains or make him a successful physician. Many of the brightest minds of the medical and legal profession would not now be shining lights in the history of our nation had a four years' course in college been required of

them before they were accorded recognition. We should avoid the creation of a medical aristocracy. The standard of medical education will not be raised by lengthening and making more expensive the college course. Instead, let the standard of proficiency be raised. Let the examination for the degree of M. D. be even more severe than it is proposed to make it in a four or six years' course. Let each would-be doctor stand upon his own merits without regard to where or how he received his knowledge. If he in his leisure hours by a diligent application of mind to the subject, together with two or more courses in a reputable medical college, shall attain that degree of proficiency to enable him to pass a rigid examination, there should be no legal barrier to compel him to stay in college to accommodate some wealthy dullard or highroller, as the case might be, who will never make a successful physician.

It matters very little to the patient whether his physician had graduated in two or twenty years. The great and only question is, Is he well qualified? Does he understand his business? Is he successful?

You find your quacks principally among these egotistical "know alls," who could not pass a creditable examination at the end of two or even ten years. Doctors are born rather than made. Let our requirements for the degree of M. D. be ability to pass a high grade examination without regard to where we learned it or how long it took. Whether you have put in four full years in a medical college before you received your degrees, is nobody's business but your own.

Cretinism.

A. E. SCOTT, M. D., San Francisco, Cal.

It is with some misgivings that I present a subject of this character before this meeting, as many of you might think that we should have more practical every day subjects to discuss here; but on the other hand, we, as a nation, as communities, as we become older are being affected with the conditions of other and older countries; and our own fair State, in certain localities, has felt the blight of this peculiar disease, so I trust you will pardon me if the subject seem not pertinent to the meeting, and I promise to be brief, if not interesting.

We understand from the word creta or cretinism a chalky complexion, but the word falls far short of presenting to our minds the proper clinical picture; and the origin of the term seems to be obscured with some uncertainty as to its meaning, some claiming it to be from the word "Chretien"—Christian—cannot sin, happy or cheerful; others from "Cretira"—silly, while most of the writers on this interesting disease say it is derived from "creta," because of the chalky complexion or calcareous nature of the soil, where we find this disease most prevalent, some believing an alluvial soil to be the chief cause of the malady. We find the disease to be chronic in its character and endemic.

The persons afflicted with it are to

a varying degree morally and mentally stupid, also having a characteristic malformation of head and body and a peculiar physiognomy. These conditions are caused by premature tumors and lack of growth of some of the bones. It is found that these conditions have an obscure but certain relation to diseases caused by an entire absence of the thyroid gland.

There was but very little literature on this disease until the latter part of the present century; since then much has been written and the researches have been quite extensive. Subjects of this malady are found in almost every part of the globe, but always, I believe, confined to mountainous localities, as in Europe. It is quite common in the Alps and the Pyrenees; it is found nearly always in the same localities in which goitre abounds.

In England cretinism is rare, while goitre is quite common. In Scotland both goitre and cretinism abound on the coast of Fife. In Asia both conditions are met with on the slopes of the Himalaya Mountains. It is also said to exist in Africa, in the locality of Madagascar.

On our own continent it is as yet not common, except in the valleys of Vermont, Massachusetts and in our own State of California. Although it spreads over a great portion of the earth, it

seems to be endemically seated in but few spots, and in the immediate neighborhood of these spots, strange to say there is complete immunity. So it would seem to be restricted to certain localities. If healthy parents come to live in these localities they will beget cretinous children, and if healthy or goitrous children remove from these affected localities they will beget healthy children.

Climate does not seem to make much difference, as these conditions are found in latitudes both moist and dry. However, altitude seems to play an important part in the production of this peculiar condition. It is found endemically in mountainous regions, especially of the old world.

The geological nature of the soil has been thought to be an important point in producing this condition, but it is found on all formations, but would seem to favor the old ones; and yet in soils of apparently the same formation it will be quite prevalent in some localities and entirely absent in others. Drinking of water impregnated with lime salts and salts of magnesia is considered a cause, and it is certainly met with more frequently where the inhabitants use this kind of water. But on the other hand, there are many localities where this disease is found that the water is almost entirely free from these kinds of salts, and also localities where the water is saturated with these salts the disease is not found.

We find in endemic cretinism that many of the symptoms of the disease are present at birth, but are not

recognized until the child is some months old, when it will be noticed that the child has a puffy or fat appearance, but is lacking in strength; head large, sutures and fontanelles open, eyes expressionless and half closed, and the skin has an ashy and brownish hue. The infant has a sleepy look, is indifferent to light and sound, appetite abnormal and greedy.

The features are very distorted, mouth large, lips thick, nose wide and fat, limbs small and weak, belly very prominent, neck short and thick, with sometimes enlargement of the thyroid. The child's teeth develop slowly and soon blacken and fall out as the child grows older; many of the symptoms are more marked. The child cannot walk until the sixth year. When it begins to talk the voice sounds strange, being hoarse or shrill.

Those who have studied the disease closely, consider the seventh year as the critical age for cretinism, as it rarely develops after this age. If the disease fully develops, puberty is developed, or may not appear at all; in other respects, a cretin shows very peculiar characteristics. They are usually dwarfs, being from about three to five feet in height and deformed and out of proportion. The body is long, thorax large and flat, abdomen large and full. The ends of the long bones of the limb enlarged and bent. The legs especially are subject to marked deformities, being short and heavy, feet thick and flat; gait consequently very awkward. The hands are clumsy, with short fingers, nails flat and brittle. The head is massive in proportion to

the body, and is held up with difficulty. The hair is coarse—extends on the forehead and is rarely lost or turns gray. The face is large and square and expressionless. The nose is depressed, with wide nostrils, eyes wide apart. Ears deformed, being large and bunging from the head. Many cretins are deaf and dumb.

Menstruation in the female is not established until about the twentieth year, and if a cretin bears a living child, milk is absent.

The special senses are very much impaired. There is also varying mental deficiency. Those in whom some intellectual force is displayed are able to learn something, and in a measure become self-supporting. The cretin possesses one mental peculiarity that stamps him different from any other idiot, and that is that there is almost a total suspension of every mental function for some hours, which may take place several times a day. During these attacks all the mental faculties are at a standstill—the subject gazes with the eyes open and fixed, without any sign of life.

Goitre often makes its appearance in special localities. Where cretinism is found goitre is more prevalent, and most cretins are goitrous. Investigators have found that where parents are goitrous for two generations the third generation are sure to be cretins. This would seem to prove a relationship of the two conditions, but it is noteworthy that in many cases of sporadic cretinism the thyroid is absent; and further, where it is present and goitrous they are cystic, or have become degenerated. So we may assume that a lack, or diseased condition, of the thyroid gland is the true cause of cretinism and cretinoid conditions. It has been shown in proof of this that where thyroidectomy has been performed the sequelæ has been a chain of symptoms that simulate cretinoid conditions and to produce this effect on connective tissue elements. But why the thyroid gland should become diseased or absent and produce these conditions it is yet a matter to a certain extent of conjecture.

The "National" and Portland.

G. W. McCONNELL, M. D., Newberg, Oregon.

Ladies, Gentlemen and Co-workers :
We come here not as Webfeet, Mossbacks, Allopaths or Homœopaths ; we come as true blue Eclectics ; we come in the interests of Eclecticism in general ; but more especially do we

come just now in the interest of the "National." We are working for the National at Portland—first, last and all the time.

There are a thousand reasons why the next meeting of the National should

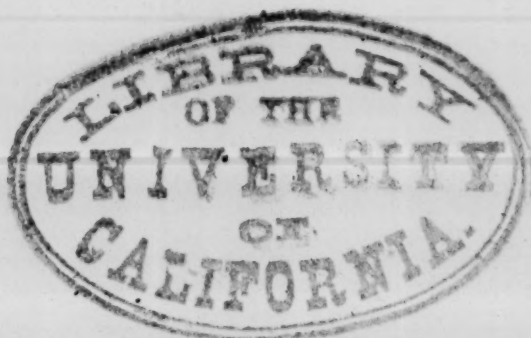
be held in Portland. The impetus that will be given Eclecticism in the West and Northwest can hardly be estimated. If there ever was a time when we needed the assistance of the National it is just now. Some one asks, Why is it so essential to have the National meet in Portland next June? This is a reasonable and proper question and will be satisfactorily answered by other members of the committee of five from the Webfoot State, who are authorized to hear, state, explain and debate all questions of interest and importance that will in any way assist in bringing the National to Portland and making it a success. We do not want it without success—we would not have it without success. The obstacles, if there are any, must be removed by additional efforts upon the part of each and every individual member on the Pacific coast.

Eclecticism is a fixed thing and we want the people to know it. Why, just think for a moment—in the great city of Portland, Or., with a population of 100,000, but one real, live, energetic Eclectic can be found! We want more—must have more live, fighting men in the field; men who are not ashamed of the name; men who will preach what they practice; men who will stand up, contend for and obtain their just rights under any and all circumstances, regardless of any school, clique or legislation. When this state of affairs is obtained, then and not till then will Eclectic physicians be respected and honored as they should be.

The time will soon be ripe when

every State and Territory in the United States will be supplied with a medical board, the sole duty of which should be to drive out every quack and fraud from the ranks, after which the board should be dispensed with and all the colleges so regulated by legislation that their diplomas will be accepted in any State in the Union as positive evidence of its possessor's abilities to practice his profession, provided he has satisfied some designated county official in the county wherein he desires to practice, that he is the party named in the diploma. The present medical boards work a great injustice to many medical men desiring to change location from one State to another, often incurring an expense bill of considerable dimensions beside a loss of time. Speaking from experience, I may say this expense would have been almost if not quite insurmountable by myself when leaving the college in 1874; in fact, I could hardly get out of town, and possibly might have been in the city yet had it not been for the big heart of the late and much lamented Dr. John M. Scudder, who quickly took in the situation and kindly and willingly sold me a scholarship at a reduced rate. You will please not misquote or misunderstand me—it was a scholarship I bought.

We have a medical board in the State of Oregon composed of the following named gentlemen: W. H. Taylor, M. D., Allopath, President; Byron Miller, M. D., Homœopath, Secretary; W. E. Carl, M. D., Allopath, Treasurer; W. A. Cusick, M. D., Allopath, and G. W. McConnell, M. D., Eclectic.



In behalf of the new board I may say it is one of the many boards that can not be bribed, at least so far as I am aware it has been able to withstand the offers of all comers thus far. Just how long we may be able to keep this up I am not authorized to state. It is very gratifying to know that as yet no bribe has been offered the board by an Eclectic.

A brief history of the new board, with the few simple rules to govern the same, may be of interest, especially to those who contemplate trying their hand in the webfoot country, in the land of big, red apples.

The board is appointed by the Governor, one member being appointed for 5 years, one for 4, one for 3, one for 2 and one for 1 year, apportioned as follows: 3 Allopaths, 1 Eclectic and 1 Homœopath, four being necessary to pass upon the issuing of a license. Seventy-five per cent of the questions must be answered correctly and no allowance made for previous experience. The examinations are made as practicable as possible, solely with a view of raising the standard of our profession. The effects are already noticeable and soon quacks will be things of the past. While the law is not as good as we would like, it is thought to be much better than the one which preceded it. The work of the present board has indeed been very harmonious, both the Eclectic and Homœopathic members having been shown every courtesy by the Allopathic members that could be desired. We hold two regular examinations yearly, with as many special meetings as the

board may deem practical.

I see nothing to prevent a physician from at once engaging in the practice immediately upon entering our State, providing he makes application to take the examination at the first special or regular meeting of the board. It is claimed by some, however, that this should not be done. I, nevertheless, would take the risk were I placed in this position rather than remain idle two or three months, especially were I as hard pressed financially as I have been at times during my service in the field. The first meeting of the board was held March 6, 1895, which was a meeting for organization. The next, a special meeting, was held March 27th; examinations were also held upon that date. The board held an examination April 3d, also held a special meeting April 4th. The regular meeting was held July 13th. July 2d and 3d examinations were held; August 1st examinations were held; August 16th and 25th special meetings were held. On March 27th fourteen applicants were examined, all males, one failing to pass. July 2d and 3d fourteen were examined, including one female; eight, all males, passed; six, including the female, failed. August 1st the six who failed to pass July 2d and 3d were re-examined and all passed, five males and one female, making forty-two who have been passed by the board. Out of 43 applicants one failed to pass a satisfactory examination, and if my memory serves me right the schools were represented as follows: 37 Allopaths, 3 Eclectics and 2 Homœopaths. And not a very remarkable

thing about this is that all who failed were Allopaths. I do not wish to convey the impression that Eclectics know it all; they really know very little. The more we learn—the more we see, the less we know.

I can not bring this short talk to a close without paying a slight tribute to three old wheel horses of Eclecticism—Scudder, King and Howe. I have great reverence for the memory of these renowned medical men. I can hardly tell why, but I have scarcely recovered from the shock occasioned by the announcement of their deaths. In such quick succession did they come, of course I was not prepared for the events; we never are.

Of these three great men, Scudder, no doubt, was the greatest, if there was any difference. King was one of the greatest medical men of his age, and could tell more side-splitting anec-

dotes than Barnum's clown, every one of which served a good purpose. It is said that when Howe's death was announced even the children upon the streets in the neighborhood wept, and I have no doubt that many a tear coursed down the cheeks of strong medical men, who only knew him to love him. It is very probable that I have the last letter written on earth by Dr. Howe—written while on his death bed. He writes: "Doctor, I can scarcely hold my head off the pillow, but I felt impelled to caution you against the too frequent use of the shotgun."

Although Eclecticism could illy afford to lose such men, in a few short years they will scarcely be missed. Even now the ship moves on as grandly as if nothing had occurred to check its progress.

External Pressure After Labor.

B. STETSON, M. D., Oakland, Cal.

At the meeting of this society one year ago, Professor D. Maclean presented a very interesting paper entitled "External Pressure in Labor," in which the author called attention to a very plausible thing, setting forth how assistance could be rendered the lying-in-patient—time saved and after-pains greatly mitigated, if not entirely prevented. The doctor based his theory upon anatomical and physio-

logical facts, verified by an extensive clinical observation.

Time will not permit at this meeting to present this most interesting subject in detail, as each and every claim of Professor Maclean for this procedure has special merit, which is worthy of careful consideration, therefore I wish to call your attention to the last, but not least, advantage for external pressure—the mitigation, if not the entire

prevention, of after-pain.

During the past year I have attended over twenty multipara labors in which I have used this method, and in not a single instance has there been after-pains of greater severity than we usually meet with in primiparas.

The reason why primiparas are not subject to after pains is, no doubt, due to the fact that the muscular fibers of the uterus are in such a healthy and vigorous condition that, after the contents of the uterus has been expelled and contraction has taken place, the muscular fibers quickly rearrange themselves, preventing relaxation, and, also, the uterus from filling with blood. In multiparas these muscular fibers have lost that vigorous condition and consequently they do not quickly rearrange themselves, and the cavity fills with blood, exciting subsequent contractions which are accompanied with pain. This condition generally continues from twelve to forty-eight hours, preventing the necessary rest a woman so much needs after the birth of her child.

The procedure of the external pressure after labor is so simple and of so little inconvenience to both patient and accoucheur, that I hope none of you will fail to give it at least a trial, so that you can see for yourselves whether it is deserving of any credit.

Immediately after the delivery of the placenta place one hand over the fundus of the uterus, which is at this time firmly contracted, as if to grasp it, and firmly press the organ backward and downward into the pelvis and hold it there from twenty to

thirty minutes. If at any time you should notice that the uterus is becoming soft, indicating relaxation, slightly manipulate it without removing the hand to stimulate a more firm contraction, and then continue the pressure as before. You will be obliged to frequently change hands, as it is quite tiresome to continue this pressure with one hand for any great length of time.

It might appear to some that firm pressure of the uterus would greatly annoy the patient, but you will find that even those suffering with extreme tenderness of the abdomen will not complain. I have never had a patient complain of this procedure in the least, except when it becomes necessary to manipulate the organ to assure more firm contraction.

In keeping the uterus firmly contracted and supporting it by pressure, you allow the muscular fibers to rearrange themselves sufficiently, so that they will have ample strength to prevent relaxation, and thereby hemorrhage is prevented.

I have found that involution takes place much more rapidly where I have used this method, and after the third day there will be but little discharge. The uterus upon examination will be found hard and as much lessened in size, which proves that involution is in progress.

I am not an advocate of the bandage, and still I apply it if my patient desires to wear one; but if the bandage ever did any good it was from the firm pressure over the uterus and not the lessening of the size of the abdomen

as some would have us believe.

I find my patients much stronger after confinement where I have used this method than where they were allowed to flow under the old idea of

depletion.

Depletion—one of the causes of Eclecticism—so why not recognize it in all its different forms and try to be Eclectic.

Importance of Early Diagnosis and Preventive Treatment of Pulmonary Tuberculosis.

O. L. JONES, M. D., Oakland, Cal.

The title of this paper would naturally suggest the impossibility of even enumerating the long list of agents and means used in the treatment of this disease. It would be a superfluity to attempt to speak of its symptoms or its pathology, as it is so prevalent in every section and community, that all physicians are conversant with them. I shall skip much of the ground usually covered by recent writers, as I do not wish to repeat what has been said again and again by others. I hope to select a few desirable remedial agents, and above all I wish to emphasize the importance of early diagnosis, for herein lies the principal hope of the consumptive.

This disease ranks first in importance in all mortality reports; is annually carrying to an untimely grave a vast army of the "fairest and best in our land." The great responsibility that confronts the profession in regard to an early diagnosis is apparent when it is considered that a large percentage of cases can in their incipency be greatly benefited, and many of them

entirely cured, while but few cases are even temporarily benefited and still fewer permanently cured after the case has been neglected for even a few months. Delay, however, is not only dangerous to the patient, but subjects others to the dangers of infection.

The significant hacking cough and slight fever should be investigated at once. Better to put your patient through a careful examination and subject many to the inconvenience rather than to let one having the disease be neglected. Let me impress upon you the necessity of the aid of a microscopical examination of the sputum. Wooden dullness, gurgling rales or cavernous breathing should not be expected, for these occur only in the advanced stages of the disease. The lighter shades of variation in the normal percussion note and auscultatory sounds, detected only by the trained ear, is all that should be expected. While neither fever, emaciation or cough, not even all of them combined, necessarily denote tuberculosis, yet they are very suspicious symptoms and

should be traced to their source. If you have a patient with these symptoms and if they be accompanied by defective thoracic expansion, and even the slightest shade of dullness, or roughened breathing, or prolonged expiration, you cannot but be impressed by the belief that your patient has incipient consumption. The difference between inspiration and expiration should exceed $2\frac{1}{2}$ inches in a person of average height and weight. If it does not and the cough is worse at night, especially in the early morning hours, and if the matter brought up be lumpy, of a yellowish color, and sinks to the bottom when expectorated in a vessel of water, it certainly seems like a case of the dread disease. But here is where the aid of the microscope is necessary.

It has been demonstrated that caseous pneumonia and bronchitis possess the same elementary structure as so-called genuine tubercles. One eminent authority states that "In every case of phthisis, even in the forms that are apparently non-tuberculous, we find the characteristic submiliary non-vascular nodules (containing giant cells) which represent the chief type of tubercle after it has attained its full development. Pulmonary phthisis is, in fact, to be regarded in the majority of cases as a local tuberculosis of the lungs. If, then, we find in the sputum the parasite, which we know to be the cause of tuberculosis, the positive conclusion to be drawn from this is that a tubercular process is present in the respiratory tract, including the mouth and nose."

Shall we, therefore, draw the further

conclusion that the patient has developed general tuberculosis and is, in consequence, beyond hope? No; that would be a gross error. The bacillus of tuberculosis is not only found in those instances in which the disease advances more or less rapidly, and eventually spreads over the whole system by extension to the blood and by lymph vessels, but also in cases which remain localized for years, may be half a century, and finally become healed.

Man differs in this respect from rabbits and guinea pigs, which are principally used for experiments. If these animals be inoculated, say in the anterior chamber of the eye, for instance, the tuberculosis seems without exception to spread throughout the various organs in a few weeks; as a rule, the animal succumbs to the disease. On the contrary, in man the affection may remain for several years, benign and localized, or become more or less completely cured. However, as long as the process continues the danger is present that it may suddenly increase in intensity and extend locally or in a general manner. The human organism seems to furnish only a moderately favorable field for the growth of the bacillus tuberculosis. Under certain conditions, which are still but little known, a rapid development of the parasites takes place and this causes a rapid advance in the progress of the disease. Unfortunately, we are not able to control the conditions entirely, but the increase of the microbe can be frequently retarded or prevented. If we could control the conditions perfectly the lofty goal of therapeutics

would be attained. But we must still cherish a hope that it will be, despite the frequent explosions of numerous "German serum fads" and animal extracts. Yet good has come from all these "fads," for oftentimes there is a modicum of truth among the vast piles of rubbish thrown at us by enthusiasts. By the discovery of tubercle bacilli the diagnosis of a tuberculous process in the lungs is now rendered possible in many cases in which it was previously impracticable or very difficult.

The bacilli occur in great numbers upon the walls of even the most minute phthisical cavities, in the tuberculous ulcers of the bronchi, etc., and on account of their remarkable sharp outlines, through their capacity for isolated staining, they are found more easily in the sputum than the elastic fibers, the presence of which formerly constituted the only proof of a destructive process in the lungs. By a careful examination of sputa, therefore, we recognize as phthisis those extremely numerous light and favorable cases which were formerly regarded as suspicious pulmonary catarrh, bronchitis, etc., just such cases as cause insignificant subjective troubles. How very frequent such favorable cases of phthisis we learn at the post mortem or dissecting tables. It is estimated that in nearly one half of the cases of healthy, powerful adults, who have died as the result of an accident or acute disease, there are found on careful inspection traces of destructive phthisical processes in the lungs in the form of caseous masses, often incrustated with lime,

slaty cicatricial tissue. Many of these have been latent throughout their course; at any rate, in a majority of them a suspicion of pulmonary affection has never been aroused. In every instance, however, tubercle bacilli could have been demonstrated in the sputum.

Every practitioner present has frequently confirmed, by clinical and anatomical facts, that a tuberculous pleuritis or a fatal tuberculous meningitis may suddenly develop from phthisical centers.

Whenever tubercle bacilli are found in the sputum, the prognosis should be serious but not necessarily fatal, unless there is additional evidence.

It is well known that extensive phthisical processes are arrested under favorable circumstances, and every case of incipient phthisis need not necessarily go on to the destruction of the organs. It is evident that the physician, if he attempt the examination of the sputum for the bacilli, needs to be provided with the best aids. In favorable preparations, however, they can be recognized with a low power by the difference in staining. But it would be a mistake to search for them without the best immersion lenses and of course Abbe's condenser.

TREATMENT.

First—As a precaution to prevent the spread of the disease, the sputum of the patient should be disinfected or destroyed. All articles used by the patient, exposed to the air and sunshine and all articles within the room, thoroughly disinfected before being used by another person.

Fresh Air and Sunshine—Fresh air is not a luxury to be only indulged in occasionally, but the consumptive, whose blood is becoming hourly more and more impoverished by want of oxygen and whose natural supply of fresh air is cut off by reason of defective pulmonary expansion, it is an absolute necessity. All restraints must be laid aside; he must live and revel in the sunshine and open air.

Where there is no fever, judicious exercise, always limited, however, to the wants of the body.

Hunting, fishing, rowing, ball playing and many other sports can be indulged by those able. Gymnastic exercises under the supervision of a trained nurse or doctor, such as holding the body erect, head thrown back, chest expanded, prolonged inspirations, done for a period of ten minutes at least six times a day. This should be repeated with the arms, slowly raised in a circle, until they meet above the head, palms in front, while the lungs are being inflated, then lowered and moved backward as far as possible; or, better still, inflate the lungs and hold the breath while circles are made in every direction, occasionally tapping the chest with the other open hand. In this way new blood, charged with oxygen, is brought to the lungs, enters the diseased portion, draws back the stagnant blood, checks the progress of the invading host, pushes aside the broken down debris and gradually heals the diseased area by granulation. To this should be added antiseptic inhalation, consisting of creosote, eucalyptol, iodine,

menthol, carbolic acid, etc. An inhaler can be made that is inexpensive, and I have been successful in making it pleasant enough that the patients enjoy it and use it almost constantly when in the house, as when sitting down to read, etc. And a pill or toothpick can be saturated for use when out doors. A pillow can be constructed so as to become an inhaler at night.

The sleeping room should be well ventilated. The feet and hands should be kept warm, all the emunctories kept open and bowels moved at least once a day. If the patient has a fever of 101° or 102° , such need absolute quiet and rest in bed.

Diet—The usual rambling directions about diet are worthless, for to the patient they are meaningless. For, in order that sufficient food be taken up to repair the waste going on in the lungs, the diet should be of the kind to obtain the most nutrition in the smallest possible bulk, and that daintily and properly prepared.

It is wonderful the amount of flesh that a patient will take on where instructions can be and are carefully carried out.

I have a patient now who has averaged one pound a day gain for the past month, although this is not a case of pulmonary tuberculosis.

The directions to cook must come from the physician, who thoroughly understands the nature of the waste going on in the tissues, the importance of repairing it as early as possible, and who fully understands to select the most suitable material with which to supply the waste. Fresh air, sunshine



Alvin Hunsaker, M.D.

TREASURER OF THE
CALIFORNIA ECLECTIC MEDICAL ASSOCIATION.

and medicines are of but little use if a weakened appetite revolts against the unwholesomely prepared daily meals. A small glass of milk, a small piece of meat three times a day count as nothing when this condition that causes many times the normal waste is present in the tissues. Not less than two or three quarts of milk and two or three pounds of meat given in short intervals during the twenty-four hours will suffice. A little lime water may be added to the milk. A little ice occasionally can be added, but usually it should be hot, especially if taken in the morning or on retiring at night, at which time a little whisky or brandy can be added. Butter and cream should be used freely, especially with cereals, so long as they do not disturb digestion. A little brandy added to cream will usually stop any digestive disturbance. If hot either a pint or more of pure ice cream can be eaten in small quantities at a time, often relished greatly by the patient. Fish, fowls and oysters may be occasionally substituted for a change. Poached or soft boiled eggs and, unless contra indicated, fruits and vegetables, but sugars and starches sparingly used. A little tea or coffee can be taken, but mainly the drink should be milk. Cocoa made with milk will be agreeable at breakfast. If necessary, the digestive powers can be toned up with a bitter tonic, lactopeptin, strychnine and iron being usually the best for the purpose. In addition to three regular meals, consisting largely of milk and meat, three lunches of light diet should be taken during the twenty-four hours.

In addition to these nitrogenous compounds, milk and meat, the hydrocarbons, fat and oil, must be given freely. A teaspoonful or more, if possible, after each meal, of cod liver oil. Cod liver oil, beachwood and creosote is often combined. Emulsion of olive oil and alcohol rubbed in by massage before retiring.

The powers of digestion should not be overtaxed, but it has been shown that the powers of digestion and assimilation are far in excess of the inclination of these patients to take nitrogenous and carbonaceous compounds. It is a logical way of increasing leucocytosis, fortifying the tissues against further invasion and healing the diseased parts by granulation or cutting short the morbid process by encapsulation. One thing is certain, with this generous diet—weight and circulation is increased and amelioration of unfavorable symptoms at least.

Medication—Of the many remedies recommended from time to time none have stood the test so well as beechwood creosote. The good effects are really most marked when the system is thoroughly saturated. Five drops of creosote may be given in a capsule with morrhuae (a concentrated cod oil) four or six times a day. Creosote carbonate or creosotal, which is said to contain 92 per cent of pure creosote, and 3 per cent carbonic acid, is now used with satisfactory results, a cure being affected earlier than with creosote, $\frac{1}{2}$ drachm a day for the commencement, and soon the dose can be increased double or treble. It costs more than creosote, which is its worst

feature.

Guaiacol and guaiacol iodide have been used with brilliant results.

In a few instances the improvement under the creosote treatment is only temporary or slight. Yet under favorable circumstances in many cases the improvement is so marked that one cannot but be impressed that the drug has some specific property. Cough subsides, night sweats cease, patient sleeps and eats well, increases in weight and grows more cheerful and hopeful after it has been given.

Ichthyol—Cohn and Scarpa have reported 75 per cent of cases cured with this treatment. Only the purest preparation was used. It is dissolved in proportion of one third distilled water and 20 to 180 drops are given daily. It is said improvement is more certain and rapid under this treatment than creosote.

Dr. Walstein reports favorably of intravenous injections of small doses of pilocarpin in tuberculous lupus, chronic ulcers, etc. The claim is that it increases leucocytosis. This claim was the basis of a state paper by our Consul-General at Berlin. The claims are not very well founded, as also the

reports on the use of cinnamic acid emulsion in the treatment of tuberculosis.

Iodoform emulsions have been used also as injections, especially in localized tuberculosis of the joints, and with good results, as several physicians can testify.

Whether the high hopes now entertained by enthusiasts for nucleins, antitoxines and the various serum preparations and animal extracts will be sustained by future results remains to be seen. Of course, appropriate remedies must be given to relieve cough fevers, night sweats, diarrhoea and other aggravating symptoms when present, but those usually are treated by treating the disease upon which they depend. Nauseating cough syrups that upset the appetite should never be given, and opiates should be withheld as long as possible.

While many disappointments will be met and many sad failures recorded, yet early diagnosis and treatment along the lines I have given, many cases will be cured, many cases die of old age and the mortality of this disease be greatly reduced.

Transactions of the State Society.

SAN FRANCISCO, Cal., Nov. 20, 1895.

After preliminary work in the morning, the Eclectic Medical Society of the State of California was called to order by M. H. Logan, M. D., President, at 1:30 P. M.

Dr. {Kylberg was appointed censor

in place of Dr. Mason, who was absent.

The minutes of the last meeting were read and approved.

The applications of Benjamin Freshman, J. Bruce Clifford, B. Meyers, J. C. Bainbridge, E. H. Goyer and G. H. Derrick were presented, properly read

and upon motion the society cast the ballot for the same.

The resignation of Dr. Vary was read and upon motion accepted.

San Francisco, Nov. 20, 1895.

To the Eclectic Medical Society of the State of California: Since our last report your Board of Examiners has issued certificates to the following physicians:

John Ball, C. G. George, G. W. Harvey, L. F. Herrick, H. E. Pastor, M. L. Doom, J. C. Bainbridge, J. B. Burns, J. B. Clifford, G. Henrickson, Agnes McCraith, Charles Clark, F. Underwood, Ella R. Baker, W. R. Jamison, G. K. Osborn, F. D. Walsh, D. B. Plymire, F. A. Swinkles, Maria Spiess, James Buckle, L. L. Van Loenen, San Francisco; H. B. Avery, O. L. Jones, John Purves, W. F. Millehone, T. F. Kelleghan, B. N. Childs, A. F. Childs, G. H. Derrick, Oakland; I. A. Wheeler, Hanford; Lit M. E. Raymond, E. A. Handcock, W. M. Johnson, B. A. Botton, Alice M. Swayse, W. D. Swayse, Los Angeles; Emma B. Lewis, Lucy A. Chandler, M. Sophie Johnson, San Diego; H. L. Randall, San Bernardino; H. L. Hamilton, E. May Williams, Newcastle; O. L. Lee, Carson City, Nev.; John Melvin, Elsinore; D. D. Briggs, Redland; E. M. Butler, Riverside; J. S. Dillon, New York City; W. I. Gibson, Burbank; G. H. Field, Suisun; W. L. Newlin, Whittier; J. E. Dilly, Porterville; J. A. Fritz, Santa Cruz; B. F. Freshman, J. B. Mitchell, Stockton; W. T. Hicks, Haywards; J. A. Moffitt, Snelling; Flora Morrison, Santa Rosa, C. E. Taylor Tacoma, Wash; W. H. Henderson, Sacramento; W. S. Groves, Vallejo; A. E. Byron, Santa Paula; L. B. Dawley, St. Helena; A. F. Harris, Rialto; E. Bennett, Galt; F. C. Pier-sol, Oakland.

The applications of E. R. Tufts of Contra Costa county and C. H. King of Los Angeles are now pending. Several applications have been returned without prejudice, but not having been rejected.

Financial statement—

Balance on hand at last report. \$120 00
Receipts since last report. 315 00

Total \$435 00
Expenditures since last report. 207 50

Balance on hand \$227 50

Respectfully submitted,

George G. Gere, Secretary.

The changes made in the constitution by the By-laws Committee were read.

At this juncture a plaster bust of the Dean of the California Medical College, Dr. D. Maclean, was presented to the college, with appropriate remarks by Dr. Mehrmann, by the state society and alumni society of the California Medical College, creating great enthusiasm among those present. Dr. Mehrmann's remarks were as follows:

"Mr. President and Fellows of the Society: In being called upon to make a presentation of this bust to the California Medical College, I feel that I am hardly able to do justice to the original of whom this cast is a fair representation.

It is but right and proper that he who has done so much for the California Medical College; he who has worked with such zeal for this, our state society; that he who has most faithfully served our cause and who has done more to advance the cause of Eclecticism on the Pacific coast than any other man living, should be honored in this manner.

"His image should most certainly

occupy a prominent position in our institution.

"In presenting this cast of Dr. D. Maclean, I need not eulogize him, since you are all fully aware of his metal, his ability and his inestimable worth to all. Every one of you will conclude with me that when you look upon this bust you are gazing upon the visage of a "grand old man"—the Plumed Knight of Eclecticism on the coast.

"He has been and will continue to be like a father unto us all. Often when clouds were hovering over head, both in college and in our society, threatening to break and cause havoc among our ranks, his benign countenance would put to flight our antagonistic feelings, and his calm and loving words would put to rest all sentiments of strife and discontent.

"The alumni and students of our college and the fellows of our state society feel it an unbounded pleasure to have it in their power to present to the California Medical College this token of esteem in which we hold our Dr. Maclean. In years to come when, perhaps, many of our present numbers are no longer among the living, our posterity will revere the memory of this man for the good he has done their cause and the help he was to their forefathers."

Section 4 of the constitution was changed to read:

Physicians of other States and Territories, having the same qualifications as expressed in Section 1 of this article, may be received as honorary members upon the payment of the certificate fee of \$5, but without the payment of yearly dues.

This was carried, and upon motion of Dr. Webster, Section 1 of Article 1 was changed to read:

Any graduate of a medical college in good standing at the date of issu-

ance of his diploma, or licentiate in medicine, of good moral character and professional standing, may become a member of this association.

Dr. Maclean of the Legislative Committee had nothing to report. Same committee consisting of Drs. Maclean, Gere and Hamilton were retained,

Letters were read from Dr. Ellingwood of Chicago urging a good attendance at the National to be held at Portland, Oregon, and from Dr. Stevens of Chicago requesting papers for publication in the Annual that would be read at this meeting.

The application of the Oregon delegation was read and the gentlemen elected to membership, as follows: J. Surman, H. E. Curry, R. O. Loggan, W. S. Mott, H. Michener, G. W. McConnell. On motion the payment of the certificate fee was waived.

Dr. Maclean read an interesting paper on "The Influence of Pregnancy on Diseases of the Heart"; Dr. Webster contributed an article on "Rhamnus Californica."

Dr. Stark was appointed censor.

Dr. Hamilton's stirring address on the "Advancement of Eclecticism" brought forth remarks from Drs. McConnell, Curry, Mott, Surman, Loggan and Michener.

Dr. Church read an excellent paper on "Interligamentary Cyst."

Adjourned till 7:30 P. M.

Called to order at 8 P. M., Dr. Logan in the chair.

Dr. Herrick presented a paper on "Reflexes of the Rectum"; Dr. Scott read a well prepared paper on "Cretinism"; Dr. Gere talked to the point

on "Diseases of the Bone"; "Advance of Modern Medicine" was ably handled by Dr. V. A. Derrick.

Adjourned till 10 A. M. Thursday.

Thursday, Nov. 21, 1895.

The society was called to order at 10:30 o'clock, President Logan in the chair.

Dr. E. H. Mattner's paper on "Non-Infectious Membranous Laryngitis" was discussed by Drs. Gere, Surman, Mott, Maclean, Curry, McConnell, Devore, Hamilton, Hunsaker and Pierce.

"External Pressure After Labor" was the title of a paper by Dr. Stetson, and was discussed by Drs. Mott, Yetter, Michener and Maclean.

Adjourned till 1:30 P. M.

Called to order at 2 by Dr. Mehrmann, President pro tem.

The question of the meeting of the National was then introduced for discussion. Drs. Church, Cornwall, Maclean, Goodale and Hamilton participated.

Dr. C. N. Miller offered the following resolution, which was unanimously adopted:

Resolved, That the society fully indorse the action of the committee of the National Eclectic Medical Association in appointing Portland, Oregon, the place of meeting for next June.

Dr. Curry was extended a vote of thanks for securing the next meeting of the National at Portland.

Election of officers was then declared in order. Dr. Mehrmann, in few eloquently worded remarks, nominated Dr. D. Maclean for President. There being no further nomination, the Secretary of the society was instructed to

cast the ballot for the same.

The other elected officers are: First Vice President, L. F. Herrick; Second Vice President, E. H. Mattner; Recording Secretary, B. Stetson; Corresponding Secretary, H. B. Mehrmann; Treasurer, H. W. Hunsaker. Censors—H. Kylberg, J. C. Bainbridge, C. H. Derrick. Board of Examiners,—D. Maclean, G. G. Gere, F. Cornwall, C. N. Miller, H. W. Hunsaker, M. H. Logan, H. E. Scott; alternates, G. W. Huckins, E. J. Tucker, H. Vandred.

A paper by Dr. G. H. Derrick on "Latent Cancer of the Cervix", was then read.

The Secretary and Treasurer submitted the following reports:

Receipts.	
Balance on hand last meeting.....	\$147 00
Receipts of this meeting.....	63 90
Total.....	\$210 90
Disbursements.	
Official Register.....	\$ 75 00
Secretary's salary.....	20 00
Printing.....	14 50
Stationery, etc.....	20 00
Total.....	129 50
Balance on hand.....	81 40

Respectfully submitted,

H. W. Hunsaker, Treasurer,
J. C. Farmer, Secretary.

The application of C. W. Harding for a new certificate was granted.

Drs. Stout and Curry were appointed to introduce the new officers to the society. Dr. Maclean made a few remarks upon his installation to office. Dr. Surman extended an invitation to the Society to be present at the meeting of the Oregon State Eclectic Medical Society to convene the day before the National in Portland.

The Society then adjourned to the third Wednesday and Thursday of November 1896.

B. STETSON, Secretary.

per J. C. Farmer.

Alumni and Personal.

DR. DORA M. HAMILTON, Editor

Communications for this department should be addressed to its Editor, 1422 Folsom Street, S. F.

Dear Alumni: We are sure you will be interested to read of a "Glee and Argument" given by the Glee Club and Class of '96 of the California Medical College, at the college hall, on the evening of December 19th, before the holiday vacation. The following was the programme provided for the occasion:

OPENING CHORUS, *C. M. C. Glee Club*; HEARING, Most Acute of Special Senses, *Dr. O'Byrne*; QUARTET (Ladies) *Drs. Kelly, Maclean, Day and de la Hautiere*, accompanist *Dr. A. F. Temple*; SIGHT—Most Acute of Special Senses, *Dr. G. L. Coates*; The Bump of Self-esteem (Original Song) *Dr. Alvey*; SMELL, Most Acute of Special Senses, *Dr. H. L. Dietz*; DOUBLE QUARTET, "Come Where the Lilies Bloom," *C. M. C. Glee Club*; TASTE, Most Acute of Special Senses, *Dr. W. D. Coates*; SOLO, The Fatal Wedding, *Dr. Bransford*; TOUCH, Most Acute of Special Senses, *Dr. Enos*; DUET, Mandolin and Guitar, *Drs. Gladding and Bransford*; IS THERE A SIXTH SENSE? *Dr. Ormsby*; GYMNASTICS, Indian Club Exercise, *Dr. H. L. Dietz*; COMMON SENSE, *Dr. Kelly*; CHORUS, "Alma Mater Oh," *Class*.

The following was the opening address by Professor Miller:

Professors and Students of the California Medical College, Ladies and Gentlemen: Taken by and large, a doctor's life is all ipecac and porous plasters. When he is busy, his existence is one long anxiety; when he is idle, his landlady and washerwoman quickly become transformed into relentless phantoms, who are ever on his trail.

If he appoint an hour for rest, somebody's darling is sure to have the stomachache, and take the benefit of the rest. If he steal an evening for recreation, it may be at the peril of some one's life and his own reputation. So when medical students announce an evening for frolic, we are inclined to wonder at the audacity and inquire, what it all means.

Well until but recently, the course at a medical college was finished in two years. The student was stuffed most industriously and assiduously by numerous professors until a spongy enlargement of the intellect took place, that was soaked with a knowledge of tinctures and extracts and powders and pills and liniments and vesicants, cathartics, emetics and diaphoretics and all such things without number, as go to make up the intellectual outfit of a very wise and great physician.

There was no time for independent thought or general culture. The bow was always bent and the arrow pointed straight at a "sheepskin" which served as a target, hung up at the end of the course. If a bull's eye were made, the student received his leather medal and was happy. That was, perhaps, the best that could have been done under the then existing conditions, but those of us who graduated after that fashion have felt all our lives long the lack of a well rounded mental culture, and of power to hold our own on lines of thought outside of physic and hygiene. In a two years' course there was too little time to become greatly attached to one's Alma Mater, or to form warm friendships for fellow students. The three years' course was a little better, but it was still too short.

But now the duration of the student's life at a medical college has been lengthened to four years, and it is hoped the student will find time to breathe, perchance to think, possibly

even to write, things that have been heretofore wholly impossible in a medical student's career.

It is not expected that this will make our students less capable physicians, but more capable men and women—better citizens. We would have our students take their places in the various communities in which they will find their homes, excellently well trained and thoroughly competent physicians, and also with well defined, clear cut ideas upon all the important measures of the day, and, upon occasion, to be able to give a reason for the faith that is within them.

The Class of '96 has caught the spirit of the new order of things and are enthusiastic to help matters along. The Class of '96 does not need to be pushed nor pulled, nor coaxed nor driven. There are no dogs in the manger; what is best for the class as a whole and for our Alma Mater, is at once accepted as best for the individual. They seem to ache with strength, and their energy and enthusiasm are ever on a toboggan slide of expectation and readiness. It is only necessary for the class President to give the starting word and than to hang on to the rudder.

A week or two ago it was suggested that the last forenoon hour for anatomy, before vacation, be devoted to a discussion instead of the regular lesson. Without a moment's hesitation the class snapped up the opportunity and went the suggestion one better—whatever that means—and straightaway cast lots for speakers, started a glee club and made arrangements for an entertainment to occupy an entire evening, instead of an hour in the morning—and here we are.

This has required much extra effort, some time and money; but the quickening of the intellects of the individuals who are to entertain us to-night, and the class pride and enthusiasm

which will result from this work, will make the effort, time and money well invested. Even now you can hardly touch a member of the Class of '96 or of the Glee Club with a bamboo fishing rod.

The Glee Club is recruited from all the classes of the college, and its constitution provides that it shall be perennial. I am sure we shall hear from it.

If you will think back to your school days you will discover that about all you can remember of those roseate times are the tremendous occasions like this in which you participated. I do not know how long the students of the California Medical College will remember just how much lobelia it requires to give a patient an appetite, but it is certain that they will remember this evening as long as they remember anything. It will strengthen their love for Alma Mater and their friendship for each other, it will forever be with them a green spot on memory's tablet—that's original.

And now we will metaphorically ring up the curtain and let the Class and Glee Club have the stage. We trust you will not expect too much; an entire evening could be consumed in considering any one of the organs of special sense, if an attempt were made to go in detail into the intricacies of its wonderful mechanism and structure. Hence you can see that but little can be done at best in a paper of but ten or fifteen minutes in length. We feel, however, that you are not here as critics, but as friends; and as such, the Glee Club and Class of '96 will do their best to entertain you.

The entertainment was a great success. You should have been there to hear what those prospective M. Ds. can do and do it well. The Class of '96 is going to do their Alma Mater

proud, and of course, the Alumni also. We may expect to read some very fine articles in future Journals by this class. What those "boys"—we may call them boys till they graduate—do not know of the special senses is hard to find out. We are sure that our learned professors who were present must have learned something new, even to them. When it was decided to have an entertainment the subjects were written on slips of paper and a number of blanks put in with them and shook up in a hat and passed around among the senior class and each drew a slip, and those getting a subject were obliged to accept that and write on it, so no one had any choice in the matter.

The "Common Sense" was, of course, given to the lady, Miss Dr. Kelly, as it is a well known fact that men know very little of this sense. When it came to singing, the Glee Club was there and no mistake. We think, with all due deference to all former glee clubs of the California Medical College, that this one "takes the cake." Dr. Alvey's original song was full of splendid hits all the way through. We think the doctor, in studying medicine, missed his calling. Dr. O'Byrne said "Hearing Is the Most Acute of the Special Senses," and we made up our minds there would be no equal to that one. Then came Dr. G. L. Coates and said "Sight Is the Most Acute of the Special Senses," and after he was through we were positive that those two were the most acute. Then came Dr. Dietz and he said "Smell Is the Most Acute of the Spe-

cial Senses." Now we have always had a pretty good opinion of Dr. Dietz, and had to believe him, so concluded to add Smell to the list with Hearing and Sight. Then came the very grave and dignified Dr. Coates Sr., who said "Taste Is the Most Acute of the Special Senses." The doctor says he came near losing some of his dignity and running home, for he had forgotten several of the first pages of his manuscript. But as no one suspected it, the doctor went on as though he had never thought of manuscript in his life, and quite convinced us that Taste, too, must be added to our list. Then came the handsome Dr. Enos and he said "Touch Is the most Acute of the Special Senses,"—"for without feeling there is death." Now the doctor was so forcible in his argument that Touch was also added to the list. Then came Dr. Ormsby, who more than proved that there is a sixth sense. The paper was certainly enough to convince the most skeptical, so there was no way out of it and that, too, had to be considered one of the very best. Then came Dr. Kelly on "Common Sense," which we have always considered the most doubtful of all, and she certainly convinced all present that whoever lacked that special sense it was not Dr. Kelly. We must not forget to mention the Ladies Quartet and Dr. Bransford's solo, which were excellent, and Dr. Dietz' club swinging proved that the doctor can do something beside write papers and practice medicine.

Professor Maclean was called on to make a speech and very reluctantly

complied, in his inimitable style. He thanked the students, one and all, for the credit done the California Medical College in this entertainment. He thought the arguments all so good he could not tell which was the best one,

Professor Hamilton was then called and said a few pleasant things in congratulating the participants. In doing so he aroused the students to give the college yell, for you must know, dear reader, we have a college yell, with a big Y. We say with the boys:

Rah! Rah! Rah! Who are we!

We are, we are, C. M. C.

The students were very much pleased, and well might be, at the large attendance of friends at this, a students' entertainment. Dear reader, we cannot tell for the life of us which paper was the best. We can only express ourselves in the words of the following story Professor Hamilton told to illustrate his opinion of the relative merits of the papers:

"An old Dutchman, who was serving as Justice of the Peace in a rural district, once had two attorneys appear before him in a somewhat important trial. After the evidence was all in, the attorney for the plaintiff arose and made a very fine argument for his client. At its conclusion he sat down and the attorney for the defense arose to address the court. The Justice raised his hand and said, "You shust sit down," but the attorney insisted upon his right to speak, when the Justice said to him, "Yes, you can talk all you like, but the other feller he got the case." But the attorney proceeded and showed clearly that his client was

in the right. The old Judge, at the conclusion of the last speech, rubbed his head and said: "Well, this beat the Devil; they both got de case."

Professor declares this is not an original story, but it serves to illustrate the predicament of the jury at the college entertainment.

—
We append the paper by Dr. L. E. Kelly. Should like to give one or two of the scientific papers room in our Journal, but find it impossible to do so.

"COMMON SENSE."

Naturally, following in the footsteps of my predecessors, the first thing to say would be that common sense is the all important sense.

How often we hear the expression, "They havn't got good, sound, common sense," but if the matter be looked into, how many, I wonder, can we find that know just what good, sound, common sense is?

Common sense and nonsense resemble each other greatly, nonsense being able to talk, to argue, to write and to act just as easily as sense; indeed, talking and writing more glibly, the difference not being discovered only in their fruits.

Unfortunately, nonsense is a tree whose fruit ripens slowly, and it is not until its dead sea apples are in their mouths that people discover that it has simulated sense without resembling it.

Common sense, if definable, seems to signify the ability to perceive the relationship between cause and effect in all the common affairs of life and to act with due regard for this perception. Common sense, the wisdom of the understanding, but not as common as the name signifies.

This sense depends somewhat on the acuteness of the other senses, but is

by no means dependent on any particular one of them for its support. As for instance, one may lose the sense of smell and still have common sense; one may be blind and still have common sense, and I sometimes think if people did not see so much they would have more common sense.

The other senses when impaired in their functions by disease have the honor of having the disease diagnosed and treated.

But whoever heard of common sense being treated?

When a person is blessed in knowing how to use common sense, he or she pursues whatever may be their vocation in an orderly, systematic manner, always trying to better conditions without making a superhuman effort to do so.

The functions of common sense are impaired by a great many things, which, for want of a better name, we will call disease.

First, we will call attention to the disease termed absorption, an example of which can be found in the S.P.R.R. Co. Another being arrogance, which manifests itself in politicians and wealthy men.

Conceit—this is an acute, contagious form of the disease and is produced by the bacillus called "The Big I Am." The bacilli can be examined without the aid of a microscope, as it attains the length of six feet, more or less. Our old school friends furnish us with some finely developed specimens. One peculiarity of this form of disease is that the person affected is not liable to be aware of its existence and will be affected with it for life and accumulate adipose thereon.

Drink, a pitiful form of the disease. Hate, a form that often destroys bright prospects. Love, a disease of common sense of three stages—acute, sub-acute and hopeless. The hopeless is characterized by a return to normal function

of common sense.

As a clinic we might cite the crank. All cranks are like the old Quaker, who said to his wife, "Every one in the world is a crank, save thee and me, and sometimes I think thee a little queer." To reason with him is to carry water in a sieve. He has realized this or that, and the kink in his brain which has produced this diseased condition must be a reflex from a diseased condition of common sense.

As a relief to your tired brains, I think a good finale for the subject of common sense will be in the words of Heraclitus, who says: "O, ye gods! give me not fullness of knowledge, but fullness of understanding, the opposite of some who seem to know everything and understand nothing."

Here are a few items from friends who have written:

Dr. J. C. Pickering, who was located at Forest City, Sierra county, has concluded to go to Angels Camp, Calaveras county, where the doctor says there are only eleven old school practitioners, but he thinks there is room for an Eclectic to work and win fame and fortune.

Frank Brooks, M. D., writes from Seattle, Wash., that they are working for the success of Eclecticism in that state and on the coast. The doctor thinks that most members will attend the National in Portland in June next.

These pleasant words come from A. E. Colerick, M. D., of Pacific Grove: "The California Medical Journal, one of the best that I am acquainted with." Thank you, doctor, we like such kind words.

Dr. T. F. Kelleghan, Class of '95, now of Santa Barbara, says "he is very well pleased with his location and more than pleased with his business," which for a young M. D. is very flattering.

Dr. Cargill of Vacaville remembers the Journal by a donation of the needfull. Thanks, doctor, you will never regret it.

Dr. H. Louis Hamilton of Sutter City was in the city last week, visiting the college and friends. Harry looks as though the country agreed with him.

Dr. Lit M. E. Raymond, Class of '94, writes from Elsinore, Cal., that she is physician in charge of the "New Lake View Hotel and Elsinore Hot Springs Resort." All kinds of baths, from hot mud to a cold shower, and everything as it should be in an up-to-date resort.

C. S. Clarke, M. D., of Arroyo Grande sends a Merry Christmas and Happy New Year to the Journal, accompanied by a Christmas card in the shape of a check. Thanks, doctor, we are fond of those kind of cards.

B. H. Foreman, M. D., one of the successful boys of the Class of '93, has a fine practice in Ione, Amador county. We hear such fine reports of the doctor's surgical work that it makes us very proud of this particular C. M. C. "boy."

Dr. C. P. Devore of Berkeley thinks the Journal and its premiums worth

adding to his library.

C. Z. Ellis, M. D., one of the famous Class of '91, has returned to Downieville, Sierra county. Doctor Ellis is interested in mines adjacent to Downieville, and divides his time between mining and medicine.

The Journal is in receipt of another of those Christmas cards that are dear to the heart of the editor. This particular one comes from C. D. James, M. D., of far off Effingham, Ill. Doctor, we hope the Journal will prove a pleasant visitor.

"Wishing you a happy and prosperous New Year," Dr. George, we thank you for your kind greeting and wish you many Happy New Years.

J. A. Haggard, M. D., of Unadilla, Neb., writes: "I am desirous of some good journal from the West, that will give me the best medical news." Doctor, we think you have chosen the right one.

"Please place my name on your Journal list," says Dr. G. L. Long of Fresno. With pleasure, doctor, we comply with that request, and hope the Journal will prove a pleasant friend, calling once a month.

Dr. A. Vesper, Class of '88, of Seattle, Wash., ordered the Journal for 1896. Doctor, we are very glad to acknowledge the receipt of your order.

Physician wanted. First class opportunity for a young physician in a town near San Francisco; population



2,500, and surrounding country thickly settled. Present practice amounts to from \$400 to \$500 per month. Reason for selling, I am going into the hospital practice. Will remain one month with purchaser and introduce him to my practice. Address E. M. C., care of Garret & Taggart, druggists, Oakland, Cal.

—
All will be delighted to read the following excellent letter:

FROM CHICAGO.

December 20, 1895.

Dear Editor: Here I am again, attempting to write something for Our Journal. I had intended to write nothing till my return, but having received the December number to-night and after having read it, the old desire to say something seized me and impelled me to write, so here I am scribbling away and hope this will reach the Journal office in time for the January, 1896, issue, as I hope to have something good, bad or indifferent for each issue during next year.

When I left home last August I felt so miserable that I did not know where I should go, what I should do, nor whether or not I should ever return, and cared but little about the future.

I went via railroad to Portland and Tacoma and thence by steamer to Seattle. Was in the sound country three days, then took the Great Northern for Chicago, where I arrived in due time, and where I have since been, sitting under the drippings of the altar of the greatest men the world has ever produced—Senn, Finger, Hamilton,

Graham, Murphy and a number of others of the Allopathic school; Pratt, Adams, Beebe, Hood, Shears and Chislett of the Homœopathic school; Farnum, Clarke, Williams and Buecking of the Eclectic school.

When I came here I intended dividing my time between Chicago, New York and Philadelphia, but long since came to the conclusion that I could not see nor learn more if I traveled the world over, and that my time would be better spent in studying than in traveling. I also had intended to take up some light specialty, but when I began witnessing the work of great men my old ambition again took hold of me, and sick or well I feel that I must push on; hence, I am making the best of my opportunity to learn something of gynæcology and surgery in general, with a special eye out for the good points in orificial surgery.

On Tuesday and Thursdays, from 2 to 5 p. m., I sit spell bound and watch Professor Senn operate, and I was told at the post-graduate school that Senn at the Rush, which I attend, has the largest surgical clinic in the world. Tuesdays and Saturdays, from 10:30 a. m. to 12 m., I am with Adams and Beebe at the Chicago Homœopathic College and Hospital. On Wednesdays, from 9:30 a. m. to 12 m., I am with the great Pratt—and truly he is a great man—at the same institution; and in the afternoon, from 2 to 5 p. m., I am at the Hahnemann with Professor Shears. And on Saturday, from 2 to 5 p. m., at the same place, with Professor Chislett. The rest of my time is divided up among the other great

men whose names I have mentioned I am thus enabled to witness more surgery every week than is done in all San Francisco in a whole year. Some of the operations are wonderful and their results miraculous, of which I may report at a future time.

As a general operator, surely Senn has no superior. And for special methods and dexterity of operation and brilliant results in orificial work, Pratt is, without doubt, the greatest man now living, or ever has lived, in his specialty.

I have always aspired to be a surgeon, and have thought I had attained to a fair degree of success; but now, as I think back, I view myself as a mere tyro, as to what I now see, know and hope to be in this great work.

I am located within one block of the Cook County Hospital, and grouped around it on adjoining blocks are the Rush Medical College, Presbyterian Hospital, Woman's Medical College, College of Physicians and Surgeons, Post-Graduate School and the Chicago Homœopathic Medical College and Hospital.

Homœopathy is rapidly coming to the front in the East, and they are ringing the silver door bells in all the great Eastern cities; in other words, they are skimming the milk and taking the cream. I am told that they have six colleges here in Chicago. If we Eclectics do not look to our laurels we will not "be in it" with our Homœopathic brethren in ten years from now.

The climate here is just simply horrible and I yearn for the land of fruit,

flowers and sunshine. I feel that I ought to be at work, and that I have, perhaps, already neglected my duties too long, but to tear myself away when there is so much to be seen and learned is like trying to resist the desire to look at a fascinating panorama, which is passing in front of you. I not only see a large amount of work done, but see it done by master hands, which makes it both interesting and instructive. However, I shall not remain longer than the month of January, and possibly not so long. It is a source of gratification to know that I am missed by the students and my other friends in the profession.

My brother, Dr. A. Van Meter, from Missouri, will be here in a few days to take a special course in orificial work, and will then go to some place in California, probably San Francisco, to locate.

M. E. VAN METER.

Practice For Sale.

Wishing to retire from practice, I desire to dispose of my office furniture, drug fixtures and a well assorted and fresh stock of medicines, etc. My location is in the center of the great Rogue River Valley; thickly populated; railroad town. Practice worth \$2,500 a year; good pay. No drug store nearer than five miles. A good drug trade can be done if desired. No competition. Price \$250. Address A., care of California Medical Journal.

When a man passes four years of his life at a medical college, he should become not merely a doctor but a well educated man.

CALIFORNIA : MEDICAL : JOURNAL

Published by the California Medical College.

DR. C. N. MILLER, Managing Editor.

Terms: \$1.50 per annum, In Advance.

The Editor disclaims any responsibility for the statements or opinions of contributors.

Expression is essential to growth. We cordially invite all Eclectic physicians who would keep abreast with the times to make frequent use of our columns.

To insure accuracy, employ the typewriter when possible. Otherwise prepare manuscript with care, re-writing when necessary; be kindly thoughtful of the Editor and compositor, and do your own drudgery—time is money.

This JOURNAL will be issued on the first day of the month.

Let all communications be addressed, and money orders made payable to the
CALIFORNIA MEDICAL JOURNAL.
1422 Folsom Street,
San Francisco, - - - California.

Editorial.

'96.

The first number of our Volume Seventeen has been almost entirely given up to the publication in full of the transactions of the November meeting, 1895, of our State Medical Association.

This makes the issue one of unusual importance. The Executive Committee in having this work done has consummated an arrangement much to the benefit of the society, Our Journal and all our coast physicians. The plan should be continued from year to year, and we hope the number of papers will be doubled next year, and that a liberal appropriation will be

made to have them published carefully and in elegant style.

As this is the season for good resolutions, we trust Our Journal will not be forgotten. With the advent of better times will come more leisure and contentment, better opportunities to study and write. We shall all fail in our duty and disappoint fair expectations if '96 does not prove to be the banner year in the history of Our Journal.

Professional Schools.

The success and perpetuity of a republican form of government depends upon the virtue and intelligence of the people. A community must be master of itself, unless the individual be pure-minded, intelligent and honorable and his conduct directed by the principle of the golden rule; then each man would be his own master, and government control unnecessary. Under our present conditions of society the state for its own protection must control the education of her people.

Our state has made wise provisions in educational matters. It has one element of defect. Education should be made compulsory under a certain age, or until such degree of attainments be acquired as to qualify an elector for the responsible duties of citizenship. Our schools are graded and harmoniously rise, step by step, from the primary to the university. There the duty of the state should cease. Instead, the harmony is marred. It is made top-heavy by loading it down with medical, law, dental, pharmaceutical and veterinary colleges.

Professional schools should have no place in our scheme of education. It is unjust; it is taxing the many for the benefit of the few. Or, if we are to have professional schools, why not commercial and mechanical? Professions do not benefit the state any more than commerce and mechanics, and should not be favored at the expense of other pursuits.

The \$250,000 lobbied through the last Legislature by a clique to provide for the Affiliated Colleges was a bare-faced steal from the taxpayers of the state. They have not yet received the plunder, and may not, as we understand an injunction will be served on the treasurer to prevent delivering the funds.

Maclean.

All For the National.

NATIONAL ECLECTIC MEDICAL ASSOCIATION, OFFICE OF THE PRESIDENT,
No. 1526 Elm street,
Cincinnati, Ohio, Dec. 17, 1895.

Dear Doctor: The National Eclectic Medical Association will convene, as previously announced, in Portland Oregon, Tuesday, Wednesday and Thursday, June 16, 17 and 18, 1896.

The brethren on the coast, both in Oregon and California, in society assemblies, have reiterated and emphasized the invitation extended at Waukesha, and they guarantee us a most hearty reception, many new members, a full coast attendance and half rate or less railroad fares, thus affording to every one a most auspicious time to visit the "Far West."

Within a short time an individual announcement will be sent to all mem-

bers. Programmes and other announcements are in preparation. From now on until the meeting every Eclectic in the Union has a work to do for the National, and it is expected none will falter. Begin to think over your duties. We will ask you to act later. Dr. H. F. Curry of Baker City, Oregon, is Chairman of the Committee on Transportation and Arrangements.

Respectfully,

W. E. BLOYER, M. D., President.

W. E. KINNETT, M. D., Secretary.

Will the Regents Explain?

The public needs an explanation why their money was spent for a junketing trip to the East by Dr. Beverly Cole and architect Sutton. The taxpayers cheerfully support the University, but expect their money to be used in the education of the youth of the State. They have no idea that it should be squandered for the benefit of private individuals to study Eastern architecture, or traveling expenses to medical associations. It may be claimed that the money was only loaned until such time as the \$250,000 for the Affiliated Colleges became available. Where is the authority for such loan? The Regents are treading on slippery ground when they use the funds of the University outside the prescribed letter of the law.

It is a doubtful proposition that any of the \$250,000 can be used for any such purpose. Whether it can or cannot, is immaterial as far as the Regents are concerned. They should lose no time in calling in their loan, or make

the amount good out of their own pockets, to quiet distrust of their management.

Maclean.

Letter From Texas.

Honey Grove, Texas, Dec. 9, 1895.

California Medical Journal, San Francisco, Cal.—*Dear Sir:* Have for years wanted to see a copy of your Journal, but it seems that we have neglected each other—you having failed to send it and I to write for it—but if it be “Eclectic in Fiber and Fabric” it is good enough for me, although I take regularly six other Eclectic journals, beside four of the leading Homœopathic and Allopathic journals, so here is a \$1 50 for which send me your Journal for 1896.

We are holding our own in this State, and our future is brighter year by year. Our last State meeting was in every way a success. The best of feeling exists between our members and hardest workers. You may look for some of the “Texas boys” at Portland next June, and fine specimens they will be to, a partial evidence of which you can learn from the December number of the American Medical Journal, St. Louis. Selah!

Yours respectfully,

MARQUIS E. DANIEL, M. D.

Six Hundred (\$600) Dollars in Prizes.

The special attention of our readers is called to the advertisement of the Palisade Manufacturing Co., which appears on the last cover page of Our Journal.

The prize contest which this well known firm announces will, no doubt, attract a great deal of attention and result in the submission of many articles of merit on “The Clinical Value of Antiseptics, Both Internal and External.” The prizes are extremely liberal, and the well known professional and literary eminence of Dr. Frank P. Foster, the talented editor of the New York Medical Journal, who has kindly consented to act as judge, is a sufficient guarantee of the impartiality to be observed in the awarding of the prizes.

We are assured that there is absolutely “no string” attached to the provisions of this contest, and any physician in good standing in the community is invited to compete on equal terms with every other competitor.

Further particulars as to conditions, etc., can be obtained by addressing the above named firm.

Secretary's Address.

Great credit is due the Secretary of the State Association for the promptness with which he procured and forwarded the papers published in the present number. The success of an association depends largely upon the energy and efficiency of its Secretary. We trust members will respond readily to the calls of our present officer, and that the business of State Association may be kept better in hand than ever before. Remember his address: B. Stetson, M. D., 1116 Washington street, Oakland, Cal.

*Publisher's Notes.***Uterine Derangements.**

I have used Aletris Cordial in my practice for over a year, and to say that I am pleased with it, does not nearly express the degree of my satisfaction. Aletris Cordial fills a long felt want with me. Symptoms attending uterine derangements have always been perplexing to physicians, but with this remedy the trouble vanishes as dew before the rising sun.—L. M. McLendon, M. D., Georgiana, Ala.

Uterine Wafers.

My patients prefer the Waterhouse Uterine Wafers, non-secret, above any other treatment they have ever tried, and the results in over three years, use have been entirely satisfactory.—D. Lesh, M. D., Alosta, Cal.

Physician's Opinion of the Christy Saddle.

The following is an extract taken from a letter from Dr. Wm. S. Cheesman of Auburn, N. Y.:

"I want to add that I have been recommending the Christy Saddle freely to my patients, particularly ladies. It is much the best saddle in the market for them. Our medical journals are constantly full of articles on the medical aspects of bicycling, and all writers on this topic bewail the lack of some suitable saddle which will touch the body only on the bones of support. I have called the attention of many doctors to the saddle, but none had ever seen it, and all at once

recognized its merits and ordered one for their own use."

Bromidia, Papine and Iodia.

Battle & Co., St. Louis: Some time ago you sent me specimens of your preparations of bromidia, papine and iodia. Unlike many who send out specimens, you sent an amount large enough to really make a trial with. I had used the first two named a little, but having them more forcibly brought to mind, and recognizing the fact that I had them on trial I watched their action more carefully. I can say that they are both elegant and health bearing. Bromidia I used on a man verging on mania a potu; papine on a nervous typhoid woman, and iodia on a young man who had carried boils for three years as the result of ivy poisoning. The preparations were a decided success in every instance. Yours truly,

E. C. Adams, M. D.

Watertown, S. D., Dec. 10, 1895.

Neurosine.

The most powerful neurotic obtainable, anodyne and hypnotic. A reliable and trustworthy remedy for the relief of hysteria, epilepsy, neurasthenia, mania, chorea, uterine congestion, migraine, neuralgia and all convulsive and reflex neuroses. The remedy par excellence in restlessness of fevers, producing natural sleep. Composition, chemically pure bromides of potassium, sodium and ammonium, zinc, extract belladonna, cannabis indica and carcara sagrada with aromatic elixirs, the medical effects of which the pro-

fession is well acquainted. The advertisement of this neurotic appears for the first time in this issue.

Artistic.

Our readers will notice the artistic advertisement in this issue of "Diovi-burnis," the most powerful uterine tonic attainable, anti-spasmodic and anodyne, which has simplified the practice of gynæcology. A reliable and trustworthy remedy for the relief of dysmenorrhea, amenorrhea, menorrhoea, leucorrhoea, subinvolution, vomiting in pregnancy, threatened abortion and chlorosis, directing its action to the uterine system as a general tonic and anti-spasmodic. It is unexcelled.

This product being manufactured by the well known Dios Chemical Co. is sufficient guarantee of its reliability.

Kola-Koloid.

I have found Kola-Koloid of benefit to myself and during that time of trial to the mental and physical condition of all housewives, viz, house cleaning, my wife found it invaluable.

William E. Anthony, M. D.
Providence, R. I., May 1, 1895.

Lo in a New Role.

A real Indian chief emerges this month in the field of periodical literature. Simon Po-ka-gon of the Pottawattomies contributes to the Review of Reviews a brief statement of his views about the Indian Territory "Squaw Men" and the question of

Indian reservations. His article is sententious and direct and withal not lacking in the picturesque phraseology of the Indian's language.

The Linen-Mesh.

Pamphlets giving full information about the wonderful new cloth for underwear, Dr. Deimel's Linen-Mesh, can be had of agents. See advertisement. It is an up-to-date invention and unsurpassed for comfort and health.

Cycling and the Saddle.

We are in receipt of numerous letters asking our opinion regarding the influence of cycling upon health.

For women the art of wheeling is peculiarly adapted. The majority of women, while not actually diseased, suffer from chronic pelvic plethora, which the exercise speedily relieves. It also strengthens and develops the muscles of the abdomen, rudimentary in most cases, and obviates a tendency to adiposity.

It has been urged that the bicycle saddle produces injurious pressure upon the prostate gland and female pudendum. This objection has been removed by the introduction of the Christy Anatomical Saddle, that is sold by A. G. Spalding & Bros. We are in no way interested in this article but a pleasant experience in its use constrains us to advise wheel riders to use this or some similar invention.

Neoplasm in the Stomach.

In reporting the case of a woman

suffering from neoplasm of the stomach, Dr. Ernesto Costa of Italy says:

"One can easily imagine the intense pain which entirely prevented her sleeping. I tried chloral and sulfonal and although the latter answered fairly well for a time, it soon became necessary to discontinue it. I then administered bromidia, with the following results:

"First, it produced refreshing sleep.

"Second, it soothed the pain, and thus rendered alimentation possible.

"Although given in frequent, and sometimes tablespoonful doses, it never produced any nervous or cardiac disturbance."

Headaches of Extra-Cranial Origin.

In the discussion following the reading of the above paper by Frank Woodbury, A. M., M. D., of Philadelphia, before the Mississippi Valley Medical Association at Hot Springs, Ark., Thomas Hunt Stuck, M. D., Ph. D., Professor of Theory and Practice and Clinical Medicine, Hospital College of Medicine, Louisville, Ky., said: "The paper just read is to me one of unusual interest and importance. When we take into consideration the many causes of headache, and look back upon the treatment for the past twenty years for the condition by opium or its alkaloids, chloral, the bromides, etc., and remember their tardiness of producing relief, the danger of having our patients become drug habitues, 'tis indeed a fact that antikamnia has proven a Godsend to the people, as

well as the profession. One fact is evident, and that is that antikamnia has almost entirely displaced opium, its compounds and derivatives. If it has done this and nothing more, its mission is a great one and its usefulness thoroughly established. 'It does not depress the heart's action; it does relieve pain. An extended use from its first appearance on the market has served to increase my confidence in the great value of antikamnia.'"—*Medical Record*.

Book Notes.

THE INTERNATIONAL MEDICAL ANNUAL FOR 1896. A complete work of reference for medical practitioners. The conjoint authorship of thirty-nine distinguished American, British and Continental authorities. Has the largest circulation of any medical periodical (not a newspaper) published. Price. \$2 75. Post free. Uniform with Treat's Medical Classics. Fourteenth year, 8 vo, Morocco cloth, about 700 pages. Illustrated. Ready early in 1896.

CIRCULAR BY THE PUBLISHER.

To the Medical Profession: We respectfully announce the fourteenth yearly issue of the Medical Annual, so long and favorably known as the "physician's handiest and best one-volume reference book." The volume for 1896 will contain, as have the previous issues, a review of therapeutics for the year, together with descriptive articles on the new remedies with

clinical indications for their use; a dictionary of new treatment giving a complete index of diseases and showing the latest methods of treatment, both medical and surgical, in a series of specially prepared articles and reviews from the pens of thirty-nine eminent members of the profession, on subjects with which their names are specially associated. The present edition promises to surpass in wealth of material any of its predecessors. The volume is copiously illustrated by colored plates and photographic reproductions in black and white.

We venture to hope that our subscribers and friends will help us to still further extend the circulation of the annual, the largeness of which alone enables us to produce so important a work at a comparatively nominal cost to the medical profession.

E. B. Treat.

HUMAN ANATOMY. A complete systematic treatise by various authors, including a special section on surgical and topographical anatomy. Edited by Henry Morris, M. A. and M. B., London, Surgeon to and Lecturer on Surgery, Formerly Lecturer on Anatomy, at the Middlesex Hospital, Late Examiner in Anatomy in the University of Durham and for the Royal College of Physicians on the Conjoint Board. Illustrated with 791 woodcuts, 214 of which are in colors from drawings made expressly for this work by special artists. \$6. P. Blakiston, Son & Co., 1012 Walnut street, Philadelphia.

This is a thoroughly up-to-date work. When accompanied by the Outlines of Anatomy and Guide to Dis-

section, which is based on Morris' work, by William Campbell, M. D., the student possessing them is excellently well equipped for that most fascinating and important of all studies, the human form divine. By giving a natural order to the course of study the "dryness" with which the study of anatomy has become so generally associated is overcome. As a saver of time in the dissecting room nothing could be more efficient, and as an outline for review it gives the best and most systematic arrangement possible.

TRANSACTIONS OF THE OHIO STATE ECLECTIC MEDICAL ASSOCIATION for the years 1894 and 1895, including the proceedings of the the thirtieth and thirty-first annual meetings held at Put-in-Bay in July, 1894, and in July, 1895, together with the reports, papers and essays furnished the several sections. Edited by the Committee on Publication. Published by the Association, Cincinnati, Ohio.

Domestic Harmony.

They were evidently husband and wife, and not long married at that. They were walking on the sand at Ontario beach. A little boy and girl, twins, were digging in the sand, and the couple stopped and watched them awhile.

"I always wanted twins," he said, as they moved along.

"Well, I—I'm sure I'd rather you'd have them, dear." And she laughed a peculiar little laugh.—Rochester Union and Advertiser.

ASEPSIN SOAP



MEDICINAL USES OF ASEPSIN SOAP.

FOR THE SKIN.—The antiseptic qualities of Asepsin and Borate of Sodium make this soap desirable for the preservation of the dermal tissues, and to remove and prevent cutaneous blemishes. It is valuable for roughness of the skin, acne, comedones, milium, blotches, excessive greasiness of skin, for softening and preventing roughness and chapping of the hands. It corrects abnormalities of the sebaceous glands, thereby regulating the lubrication of the skin, and is further useful to repair dermal tissues when they have been subjected to the deleterious action of chalks and cosmetic lotions.

CUTANEOUS DISEASES.—For the following skin affections it may be used freely with marked benefit: Acne vulgaris et rosacæ, seborrhoea, eczematous eruption, herpes, psoriasis, prurigo, syphilitic eruptions, dermatitis, ulcerations, pruritic conditions, parasitic diseases, as scabies, for the relief of rhus poisoning, and for the removal of pediculi. A clean skin is necessary in any course of medication, and Asepsin Soap is a rational cleanser.

IN SURGERY.—The surgeon will find it valuable for cleansing the patient as well as the operator's hands, sponges and instruments. For its cleansing and antiseptic effects it may be employed in wounds of all kinds, chilblains, bed sores, ulceration, pustules, and for removing offensive and irritating discharges, and as a foot wash.

IN GYNÆCOLOGY.—It is useful in irritating and offensive discharges concomitant to diseases of females, giving rise to pruritic and inflammatory conditions. Leucorrhoea, simple vaginitis and vulvitis, ulcerations and pruritus vulvæ, are conditions in which it is particularly indicated.

CONTAGIOUS DISEASES.—In the exanthemata it should be employed to hasten desquamation thereby shortening the period of contagiousness and hastening convalescence.

At the time I received the Asepsin Soap, I was suffering intensely from pruritus ani, and had already tried with scarcely even temporary relief, all—or nearly all—the standard remedies for this well-known ailment. I was well-nigh crazed with the intolerable itching, pricking, sticking, gnawing biting, burning pain. I had been nearly sleepless for several nights, and I was so busily engaged with my professional work all day long that it seemed to me that life was a burden, and I could get no rest at night. I frequently sprang from my bed, and ran wildly, crazily anywhere;—suicide would not be strange in anyone in such a condition.

Your Asepsin Soap I used without faith, but with astonishing and almost immediate relief and ease. I think I have never before recommended any special preparation, but nothing less than gratitude is due you for this benefit, and that gratitude I express most heartily now. I have delayed this letter many weeks, but I am still as thankful as ever, for my suffering was of a kind not to be forgotten.

PAUL T. BUTLER, M. D., Alamo, Michigan

ASEPSIN SOAP IS NOW READY FOR THE MARKET.

PRICE, \$1.40 PER DOZEN.

For toilet purposes, a cake of ordinary soap of this size is sold for 25 cents. In order to introduce it, on receipt of 40 cents in postage stamps, we will, for a time send one-fourth dozen cakes by mail to any physician who has not previously purchased it. Send for a quarter dozen, and you will never employ or recommend any other soap, either for toilet or medicinal purposes. Ask your druggist to keep it in stock. Address

LLOYD BROTHERS,
CINCINNATI, OHIO.

\$600⁰⁰_{..}

IN PRIZES.

We announce herewith a Series of Prizes to Physicians for the best original article on the "CLINICAL VALUE OF ANTISEPTICS BOTH INTERNAL AND EXTERNAL."

First Prize—An original oil painting entitled, "Wedded to Science," valued at \$250.00 or its equivalent in cash.

2nd Prize—\$150.00 in cash.

3rd " — 75.00 "

4th " — 50.00 "

5th " — 25.00 "

5 additional prizes of \$10.00 in cash.

Dr. Frank P. Foster, Editor of the "N. Y. Medical Journal," has kindly consented to assume all responsibility in judging the merits of the various papers submitted. The papers are to be sent sealed to us and will be delivered intact to Dr. Foster.

For particulars and conditions, address.

THE CONDITIONS DO NOT REQUIRE
ANY MENTION OF OR REFERENCE TO
BOROLYPTOL. THE ARTICLES
WILL BE JUDGED SOLELY BY THEIR
INTRINSIC VALUE TO LITERATURE
AND MEDICAL SCIENCE.

THE PALISADE M'FG CO.,
YONKERS, N. Y.